L19000126182

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	· · · · · · · · · · · · · · · · · · ·





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05/17/19--01001--007 **130.00



RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ACTIL Se	CN3C05
	Limited Liability Company
The enclosed Articles of Organization and feets	e) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Anthony To	Kame of Person
	0 1
107 Smitht	OWN Kd Address
Chattahooch	City/State and Zip Code 25 Qgmail, com
actii service E-mail address: (to be u	City/State and Zip Code 25 Q g mail. Com used for future annual report notification)
For further information concerning this matter, pl	lease call:
a	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status	
<u>Mailing Address</u>	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΛR	Τl	C	1.	E	1 -	N	a	m	¢	:
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The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address: Principal Office Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

107 Smithtown Rd Florida street address (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



	athorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"AGB" = Manager	$A II = \overline{a}$
The state of the s	Hnthony Crry
10 Mahager	Chatahoochec FL 32324
	,
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
If an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days after
he date of filing.) Note: Afthe date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
	all
	nember or an authorized representative of a member.
I am aware that any fal	uted in accordance with section 605.0203 (1) (b). Florida Statutes. se information submitted in a document to the Department of State
constitutes of third degr	ee felony as provided for in s.817.155, F.S.
Hntl	ONY ONY Typed or printed name of signee
,	Typled or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)