6/9000/6/200

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

Office Use Only



100330597171

06/17/19--01012--028 **130.00

SEURETARY OF STATE
TALL AHASSES OF

T. BURCH

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: SRC Online Enterprises LLC Name of Limited Liability Company	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Stanley R Chandler	_
	Name of Person	
	Firm/Company	_
	278 Wava Ave Address	_
	Vanatess	
	Niceville, FL 32578 City/State and Zip Code	_
st	tan4bass@aol.com E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
Stanle	ey R Chandler at (850) 585-8237 Name of Person Area Code Daytime Telephone Number	
Enclose	sed is a check for the following amount:	
□ \$125.0	On Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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, FS

"Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Stanley R Chandler
	278 Wava Ave
	Niceville, FL 32578
	HE AC
-	<u></u>
	<u> </u>
	Some Some
	<u> </u>
	. tog ada
	, of many
Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to o
EV: Effective date, if other than the date etive date is listed, the date must be sportfilling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to o
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to o
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to o
E V: Effective date, if other than the date ctive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me.	ecific and cannot be more than five business days prior to o
E V: Effective date, if other than the date etive date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60.)	prior of this documer.
E.V: Effective date, if other than the date etive date is listed, the date must be spot filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60, constitutes an affirmation unde	piber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of periury that the facts stated herein are true
E V: Effective date, if other than the date etive date is listed, the date must be spot filing.) E VI: Other provisions, if any. EEQUIRED SIGNATURE: Signature of a me (In accordance with section 60, constitutes an affirmation unde I am aware that any false infort	prior of this documer.
E V: Effective date, if other than the date ctive date is listed, the date must be speffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false infort	prior to o decific and cannot be more than five business days prior to o decific and cannot be more than five business days prior to o decific and cannot be more than five business days prior to o decific and cannot be decified and deciment of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)