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COVEDICTER

COVERI	ETTER	
TO: New Filing Section Division of Corporations		
SUBJECT: Johnson & Edwards & Name of Limited I	EREVIES CC. Liability Company	
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Willie Johnson Tyku	me of Person	
1330 Lake Brendfer.	1 pd	
Tallobussey Fla 3	2309 Address	
City/S	tate and Zip Code	
	egma://cem inforce annual report notification)	
For further information concerning this matter, please call		
Willie Johnson at 850	0 , 405-4632	
Name of Person Area (
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	additional copy is enclosed) Certified C	of Status &
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301	2019 AUG 30 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED FJABILITY COMPANY

ARTICLE	L-Namet
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The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.I.C.," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

1330 Lake Brailford pol 1330 Lakes Brailford Rd

Tallahasson for 32904 Tallahasson FC 32304

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:

Wille Johnson Name

1330 Lakez Bradfold Rd
Florida street address (P.O. Box NOT acceptable)

Tallyhassec, FC 32304
City State Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "ANIBR" = Authorized Member	Name and Address:
"MGR" = Manager	Withe Johnson
	1380 Lake Bradfeed Kel Tallahusser, FC >>> Cy
AMBK	Tyknowe Edwards
	1970 Mina Hills Dr. Tallohasser, FC 32roy
Approximately the state of the second second	
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(Use attachment if necessary)	
e date of filing.)	the date of filing: August 31, 2019. (OPTIONAL) be specific and carnot be more than five business days prior to or 90 days after a not meet the applicable statutory filing requirements, this date will not be listed a timent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of This document is	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.

The name and address of each person authorized to manage and control the Limited Liability Company.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

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

constitutes a third degree felony as provided for in s.817.155, F.S.

Willie Johnsen
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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