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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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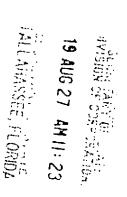
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TORGAN FORMATCOF, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barryton A. Morgan Name of Person
Firm/Company
11445 CETSTAKE VILICO E DEIVIE Address
City/State and Zip Code City/State and Zip Code MORGAN advantage 7. Ogmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

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:	
Principal Office Address: Mailing Address:	
1145 (RESTAKE VILLAGE DEIN) 1145 CRESTLAKE VILLAGE DEI BIVERNEW FL 33569 RIVERVIEW FL 33569	ive-
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:	
Callungton A. Molgan	
11445 CLESTICKE VILLAGE DEIVE	

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 of my positions agent as provided for in Chapter 605, F.S..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Qio Mara
AMBR	CO 74th Ave N.
	Strettesburg, F1 33702
AMBR	Chestine Leafman
	Palm Bay, FL 32905
AMBR	Barrington Margan
	KIVERNEN EL 33070A
AMPR	TRICIA A PHS
	9145 CARROLL MANDE DRIVE
71 h (5	CILICA III SIII SIII SIII SIII SIII SIII SI
(Use attachment if necessary)	
the date of filing.)	c of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	
ARTICLE VI: Other provisions, if any.	
	
REQUIRED SIGNATURE:	yabiri -
	ember or an authorized representative of a member.
This document is execu I am aware that any falso	ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
	ington Morgan
	Typled or printed name of signlee
	Filling Fees:
	ganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	nal)
Coprosi	10x 23

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

ARTICLE IV-