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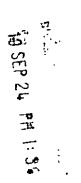
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COVER LETTER

(COVER LETTER		
TO: New Filing Section Division of Corporations		FB SEP 24	PH 1: 30
SUBJECT: TTDE Enter	Prises LLC. 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:		
Austin	H:11		_
	Name of Person		
Jacksonvi	1/2 Firearms Firm/Company		_
7718	Karissa Ann Pl W Address		_
Jacksonvil	City/State and Zin Code		_
E-mail address: (to be us	City/State and Zip Code pille Firearms @ 6 mail (sed for future annual report notification)	C.m	_
For further information concerning this matter, ple	ease call:		
Austin Hill at Name of Person	Area Code Daytime Telephone Nu	ımber	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy dditional copy is end	; &
Mailing Address New Filing Section	Street Address New Filing Section		

Division of Corporations

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	[8:1 Ha
The name of the Limited Liability Company is:	19 SEP 24 PH 1: 87
(Must contain the words "Limited Liability C	
(Must contain the words "Limited Liability C	ompany, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
3718 Korissa Ann Pl W Jocksunville F1, 72223	3718 Kerissa Ann Pl W Ducksonville F1, 7>223
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	:

the Florida street address of the registered agent are:

Aussin Hill

Name

37/8 Karissa Ann Pl W

Florida street address (P.O. Box NOT acceptable)

Jackson ville F/ 32223

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)

ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Comp	oany: 🖼 \: 31
Title: "AMBR" = Authorized Member	to manage and control the Limited Liability Comp Name and Address:	24 711
"MGR" = Manager	Auszin Hill 3718 Kurissa Ann Pl W	
Manager	Ashley Hill 3718 Kacissa Ann Pl	
	Jucksmulle F1 3722	<u> </u>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the atthe document's effective date on the Department of State'	applicable statutory filing requirements, this date	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	41.20	
This document is executed in ac- I am aware that any false informa	r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida St ation submitted in a document to the Department o as provided for in s.817.155, F.S.	
Austin 1 Typed	d 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)
- \$ 5.00 Certificate of Status (Optional)