L19000 2500 48

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

Office Use Only

J DENNIS NOV 2 6 2019



100336637241

11/12/19--01051--011 **125.00

COVER LETTER

O: New Filing Section Division of Corporations	
SUBJECT: TERRY O. WINTON Name of Limited	U; LLC.
Name of Limited	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:
TERRY D.	we of Person
Na	me of Person
Fit	m/Company
126 PIKE	LANE Address
	Address
MELBOURNE BEACH City/St	1, FL. 32951
TWINTONOY COM	CAST, NET
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
TERRY WINTON at (32) Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	155.00 Filing Fee & Sertified Copy Sertificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee FI 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TERRY O. WINTON, LLC.	
(Must contain the words "Limited Liability Company,"	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:

	<u> </u>
126 PIKK LANE	P.O. BOX 1464
MALBOURNE BAACH FL.	MALBOURNE FL.
32951	32902

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:

ARTICLE I - Name:

TKRR	y wiw? Name	on
	Name	
126 FIA	ER CANA	<u> </u>
Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
MELBOURN	K BKACH	FL. 32951
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..

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MER	TERRY WINTON 126 DIER LANE MELBOURNE BEAUGH. 32951
	MALBOURNA BRACH, FL. 32951
	 .
(Use attachment if necessary)	
.L.E. V: Ellective date. If other than the da	ite of filing:
ffective date is listed, the date must be see of filing.)	t meet the applicable statutory filing requirements, this date will not be list
ffective date is listed, the date must be see of filing.) If the date inserted in this block does not turnent's effective date on the Department CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be list not of State's records.
ffective date is listed, the date must be see of filing.) If the date inserted in this block does not turnent's effective date on the Department CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be list
ffective date is listed, the date must be set of filing.) If the date inserted in this block does not turnent's effective date on the Department of the Dep	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
ffective date is listed, the date must be set of filing.) If the date inserted in this block does not cument's effective date on the Department of the Depa	specific and cannot be more than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be list not of State's records.
ffective date is listed, the date must be set of filing.) If the date inserted in this block does not cument's effective date on the Department of the Depa	t meet the applicable statutory filing requirements, this date will not be listed to f State's records. The property of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Co. 1)

\$ 5.00 Certificate of Status (Optional)