# LR10030560

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# COVER LETTER

	Filing Section on of Corporations				
SUBJECT:	B19 1	on m	atntena	nce of cu	
	Nam	e of Limited Liabili	ty Company		
The enclosed A	rticles of Organization and f	lee(s) are submitted	for tiling.		
Please return al	l correspondence concerning	g this matter to the f	ollowing:		
	RONALDE	Smit	<del> </del>		
		Name of	Person		
<u></u>	· ···· •	Firm/Co	mpany		
	90 104	1 et			
	70 70	Addr	ess		
	Apalachicali	g FL 3	2320		
	7 4 1/ 1-21 (5)	City/State an	d Zip Code		
	ZXY 1971@	G WAIL IC	nnual report notification		
	n-mail address: (to	be used for future a	nnuai report notificatio	)n)	
For further infor	mation concerning this matte	r, please call:			
	7				
10	Name of Person	_at ( <u>\$ 5 5 8</u>	) 370 60	73	
	Name of Person	Area Code	Daytime Telephone	Number	
Enclosed is a c	heck for the following amous	nt:			
□\$125.00 Fili	ng Fee □\$130.00 Filing Certificate of St	atus Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	MS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address		
	New Filing Section		New Filing Section Div		
	Division of Corporations		The Centre of Tallahas		
	P.O. Box 6327 Talfahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Big Ron's Mainten, (Must conatin the words "Limited Liability	ance LLC
(Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
Ronald Esmith	90 10th ApAlAchicola FL 52320
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent at	e:
KONALD E Name	SMITH
90 10 2 54	
Florida street address (P.O. B	ox <u>NOT</u> acceptable)
APAIACH (COLA	FC 32320 ate Zip
City St	ate 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)

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# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
("MGR")= Manager	
	RONALDE SMITH
	90 1077 St APALACHICOLA PL 32320
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	of filing: (OPTIONAL)
(If an effective date is listed, the date must be spe-	cific and cannot be more than five business days prior to or 90 days after
the date of filing.)  Note: If the date inserted in this block does not m	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department o	
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
Ø.	<i>7/</i> 1 <u> </u>
Signature of a mer	nber or an authorized representative of a member.
This document is execute	ed in accordance with section 605.0203 (1) (b). Florida Statutes.
t am aware that any faise constitutes a third degree	information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	·

ROUALD & SM174

Typed 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)