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(F	Requestor's Name)			
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PICK-UP	WAIT MAIL			
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	Document Number)			
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J. FASON JAN 09 2020

COVER LETTER

	New Filing Sec		,	
I	Division of Co	rporations Trans	ServILE	
	RANDY I	ΥζΚΗΝ Δ HERRICK LLC		
SUBJEC				
		Name of Lir	nited Liability Company	
				
The enclo	sed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please reti	urn all corresp	ondence concerning this ma	atter to the following:	
	RANDY H	ERRICK		
			Name of Person	
			Firm/Company	
	860 SPRING	GHILL RD		
	 		Address	
	DEFUNIA	SPRINGS, FL 32433		
		C	ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notificat	ion)
For further i		oncerning this matter, please	•	,
or infinite	intormation co	meering this matter, preaso	e can,	
	RANDY HERRICK		350, 419-9	370
	Name of Person Ar		rea Code Daytime Telephon	
<i>t</i> : 1 1:	1 1 0			
Enciosed i	s a check for t	he following amount:		
■\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Painting Seri	1:00	
RANDY HERRIC	KLLC		
(Must co	natin the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
	address of the principal office	e of the Limited	Liability Company is:
	, , , , , , , , , , , , , , , , , , ,		Blacking company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
860 SPRINGHILL	. RD	860	SPRINGHILL RD
DEFUNIAK SPRI			FUNIAK SPRINGS, FL 32433
	 		
DTICLE III Degistered A	gent Desirtand Office & F		Ø- 6:
			nt's Signature: You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own Reg	gistered Agent.	
The Limited Liability Compar nother business entity with an	ny cannot serve as its own Reg n active Florida registration.)	gistered Agent.	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age RANDY HERRICK	gistered Agent.	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age RANDY HERRICK	gistered Agent.	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age RANDY HERRICK Na	gistered Agent. ent are: ame	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own Reg n active Florida registration.) et address of the registered age RANDY HERRICK Na 860 SPRINGHILL RD	gistered Agent. ent are: ame	You must designate an individual or

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 Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	860 SPRINGHILL RD DEFUNIAK SPRINGS, FL. 32433 Zandy Herrick
<u></u>	
(If an effective date is listed, the date must be the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	The state of the s
This document is e: I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.8) 7.155, F.S.
<u>RANDY HE</u>	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)