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Requestor's Name)		
Address)		
Address)		
(401033)		
City/State/Zip/Phone #)		
WAIT MAIL		
Business Entity Name)		
(Document Number)		
Certificates of Status		
o Filing Officer:		

Office Use Only



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COVER LETTER . .

TO: New Filing Section Division of Corporations
SUBJECT: Ward D Savage LLC Name of Limited Diability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doris Hooks and Warda Bouman Name of Person
Ward D Savage LLC Film/Company
3067 Estates Rd
Tallahassee 7.1 32.305 1 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Das 1. Hody at 850, 508.7170
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee & Certificate of Status
Mailing Address New Filing Section Sew Filing Section Division

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

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

ARTICLE I - Name	ne:
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The name of the Limited Liability Company is:

(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 the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3lolos Estrates Rd

Tallahassee, 71 30301

Tallahassee, 71 30301

Tallahassee, 71 30301

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:

Warda Boeman

Name

3lout Estate Val

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

Tall 33355

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)

2020 FEB | | PH 2: 04

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1.1 1 - 2
MGR	Uknog Duman
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(Use attachment if necessary)	
DTICLE V. Liffrative data if other than the de	madelling Mehran II 2020 (OPTIONAL)
If an effective date is listed, the date must be s	te of filing: <u>Lebruary II 2020</u> , (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	record and common to an action of the common state of the common s
	t meet the applicable statutory filing requirements, this date will not be listed a
he document's effective date on the Departmer	nt of State's records.
ARTICLE VI: Other provisions, if any,	
	
REQUIRED SIGNATURE:	
,) 1, 12	
	Man
	nember or an authorized representative of a member.
	sured in accordance with section 605,0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State
constitutes a third degr	ree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

as

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)