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N CULIT



February 24, 2020

D. LANCE LANGSTON 910 NORTH DUVAL STREET TALLAHASSEE, FL 32303

SUBJECT: D. LANCE LANGSTON, PLLC

Ref. Number: W20000019289

We have received your document for D. LANCE LANGSTON, PLLC and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 720A00004015

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETALLY OF STATE TALLAHASSEE, FL

1)	Lance	Langston,	ы	1	· `
12.	Lallice	LAIDESCOIL	1 1	-1.	٠.

(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:
910 N. Duval Street	910 N. Duval Street
Tallahassee, FL 32303	Tallahassee, FL 32303
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
D. Lance Langston	
Nar	ne

910 N. Duval Street Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303
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 Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	D. Lance Earigston
	910 N. Duval Street
	Tallahassee, FL32303
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(If an effective date is listed, the date must the date of filing.)	e date of filing: 62 20 2020
ARTICLE VI: Other provisions, if any	of Law. Dr
	a member or an authorized representative of a member, executed in accordance with section 605 0203 (1) (b). Florida Statutes.
I am aware that any	refalse information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
D I ance lange	
	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)
- S 5.00 Certificate of Status (Optional)