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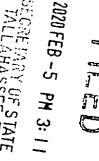
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COVER LETTER

	New Filing Sec Division of Co									
SUR IFC"	SHOW-M	E SERVICES "L	l.C							
Man		E SERVICES "L Na	me of Lim	nited Liabil	ity Company					
The enclo	sed Articles of	Organization and	l fee(s) are	submitted	for filing.					
Please reta	urn all corresp	ondence concerni	ng this ma	itter to the I	Ollowing:					
	Verlin W. T	yler								
				Name of	Person					
	SHOW-ME	SERVICES "LL	C''							
	Firm/Company									
	1990 Alama	nda Ct.								
				Addr	ess	· · · · · · · · · · · · · · · · · · ·				
	Navarre Flo	orida 32566								
	verlin.tyler@	gmuil.com	C	ity/State an	d Zip Code					
		E-mail address: (t	o be used	for future a	nnual report notificat	ion)				
For further	information co	ncerning this mat	iter, please	call:						
					848-9379					
	Nan	ne of Person			Daytime Telephor					
Enclosed	is a check for t	he following amo	unt:							
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Status			Certified Copy Certificate (additional copy is enclosed) Certified C		☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailir	ng Address			Street Address	2020 SECTAL				

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: The name of the Eimited Liabi	ility Company is:				
SHOW-ME SERV		L' L'III C			
	onatin the words "Limited	Liability Company, "	L.L.C., or "LLC,")		
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited I	iability Company is:		
Prine	ipal Office Address:		Mailing Address:		
1990 Alamanda Ci	l.	1990	Alamanda Ct		
Navarre Florida 32			rre Florida 32566		
	1990 Alamanda Ct.	No			
	r forida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)		
	Navarre	Florida	32566		
	City	State	Zip		
place designated in this certifica turther agree to comply with the	ue, I hereby accept the app provisions of all statutes r	ointment as registered clating to the proper c	above stated limited liability company at the lagent and agree to act in this capacity. I and complete performance of my duties, and sprovided for in Chapter 605, F.S.		
	Regist	ered Agent's Signatu	re (REQUIRED)		
		(CONTINUED)			

FILED

2020 FEB - 5 PH 3: 11

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized M	ember	
"MGR" = Manager		
"MGR"	Verlin W. Tyler	
	1990 Alamanda Ct. Nayarre Florida 32566	
	THE PROPERTY OF THE PARTY OF TH	
"AMBR"	Brenda K. Tyler	
73701710	Brenda K. Tyler 1990 Alamanda Ct.	
	Navarre Florida 32566	
(Use attachment if necess:	ıry)	
Note: If the date inserted in this be the document's effective date on the ARTICLE VI: Other provisions, if		sted as
		- -
<u>REOUIRED</u> SIGNATU	RE:	
Sign	nature of a member or an authorized representative of a member.	
This doct Lam awar	ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.	
V.	rlin W. Tyler	
<u></u>	Typed or printed name of signee	
	20	
	Filing Fees:	
	Articles of Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy		- ए हु - स्टब्स्क
\$ 5.00 Certificate of \$	Status (Optional)	
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