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## COVER LETTER

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P.O. Box 6327

Tallahassee, Fl. 32314

Division of Co				·
	esio Family Holdings, L	.LC		
SUBJECT:	Name of I	Limited Liab	ility Company	
The enclosed Articles o	f Organization and fee(s)	are submitte	d for filing.	
Please return all corresp	ondence concerning this	matter to the	following:	
Betsy Lou	Myers			
		Name o	of Person	
		Firm/C	ompany	
7711 41st	Ave			
<del></del>		Ado	iress	
Gainesville,	FL 32606	City/State a	ind Zip Code	
	E-mail address: (to be us	ed for future	annual report notificat	ion)
For further information co	oncerning this matter, ple	ase call:		
Darin Work		678	910-8476	
Nan	ne of Person		) Daytime Telephon	
Enclosed is a check for	the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		Street Address	
	Filing Section		New Filing Section D The Centre of Tallah	
1311/101	OR OU COMOTATIONS		THE LEGITE OF TAILAR	255PP

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The Bonesio Family Holdings, LLC  (Must conatin the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")
	H - Address:	1.5 11:119.6
he mailing	address and street address of the principal office of the l	Limited Liability Company is:
	Principal Office Address:	Mailing Address:
7	7711 41st Ave	
ō	Gainesville, FL 32606	
-		· · · · · ·
-		

Darin Workman

Name

7711 41st Ave

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

 Gainesville
 FL
 32606

 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 gry 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:

"AMBR" = Authorized Member "MGR" = Manager  MGR  Betsy Lou Bonesio 7711 41st Ave Gainesville, FL 32896  MGR  The Workman Properties, LLC 5249 Burma Rd Cumming, GA 30041  AMBR  Danyelle Smith 2244 Jones Bend Rd Louisville, TN 37777  AMBR  Carolyn Bonesio 2510 Ann Rou Rd Tavares, FL 32778  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filling: 02/24/2020	Title:	Name and Address:	
MGR  Betay Lou Bonesio 7711 41st Ave Gainesvelle, FL 32996  MGR  The Workman Properties, LLC 5246 Burma Rd Cumming, GA 30041  Danyofe Smith 2244 Jones Bend Rd Louisville, TN 37777  AMBR  Carrbyn Bonesio 2510 Ann Roe Rd Tavares, FL 32778  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 0224/2020 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Dann Workman  Typed or printed name of signee  Filing Fees:  \$10.00 Certified Copy (Optional)	"AMBR" = Authorized Member		
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MGR The Workman Properties, LLC  3249 Burma Rd Cumming, GA 300041  AMBR Durywelle Smith 2244 Jones Bend Rd Louisville, Th 37777  AMBR Carolyn Bonesio 2310 Ann Roo Rd Tovarres, FL 32778  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 02247020 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Dann Workman  Typed or printed name of signee  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.00.00 Certified Copy (Optional)	D		
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AMBR  Dunyone Smith 2244 Jones Bend Re Louisville, TN 37777  AMBR  Carbyn Bonesio 2510 Ann Rou Rd Towares, FL 32778  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 022442020 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Amail Ama		Gainesville, FL 32896	
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Cumming, GA 30041  Danywile Smith  2244 Jones Bend Re Louisville, TN 37777  AMBR  Carolyn Bonesio  2510 Ann Rou Rd Tovaries, FL 32778  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 0224/2020 . (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Dann Workman  Typed or printed name of signce  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)			<del></del>
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