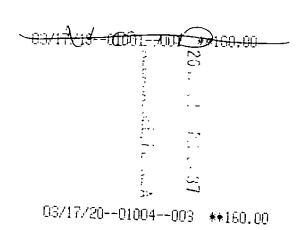
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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D O'KEEFE MAR 1 6 2020

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Mc Nair'S Strip Name of Limited	Wax and 5477 Flour tech LLC Liability Company
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
TERRENCE K MER	Verice ame of Person
McNair's strip, W	ox and 6477 Floor teck LLC
2731 Blairstone Ro	Address
Tallahassee, 7/a 3	tate and Zip Code
<u>terrance11: nte mancir e</u> E-mail address: (to be used for t	mure annual report notification)
For further information concerning this matter, please call	l:
Terrence R. MCNocat (856 Name of Person Area C	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy dditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Mc Nair's Strip wax (Must conatin the words "Limited I.	and but iability Company	77 7/00 tec , "L.L.C.," or "LLC.")	:h hh(1 -
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limite	d Liability Company is:		
Principal Office Address:		Mailing Addre	<u>ss</u> :	
2731 Blairstone Rd Tallahassee, 71a 3230:	27 7	31 blairstone Fallahassee, 71a 52301	Rd	
Mr Wair's Strip Wax and hu7; Thor took hha ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	k Registered Age Registered Agent.	ent's Signature:		
The name and the Florida street address of the registered	agent are:			
Terrence	K. Mc	Vair		
2731 Blair Florida street address	stone R	d		
- · · · · ·		77701		
Tallahassee	<u> 71a </u>			
Tallahassee City	デル State	Zip		
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appointment agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as	e of process for th intment as registe lating to the prope s registered agent	ne above stated limited liabili red agent and agree to act in er and complete performance t as provided for in Chapter (this capacity. of my duties, a	I
Having been named as registered agent and to accept servic place designated in this certificate, I hereby accept the appo- further agree to comply with the provisions of all statutes rel	e of process for th intment as registe lating to the prope s registered agent	ne above stated limited liabili red agent and agree to act in er and complete performance t as provided for in Chapter (this capacity. of my duties, a	I
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appointment agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as	e of process for th intment as registe lating to the prope s registered agent	ne above stated limited liability red agent and agree to act in er and complete performance tas provided for in Chapter (this capacity. of my duties, a	I
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appointment agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as	re of process for the intment as registe lating to the propers registered agent of the propers registered agent of the propers registered agent of the propers red Agent's Signa	ne above stated limited liability red agent and agree to act in er and complete performance tas provided for in Chapter (this capacity. of my duties, a	I

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	Terrence K. Mc Noir		
M/MOIX	Terrence K. McNair 2731 Blair stone Rd Tallahassee, 71a 32301		
	Tallahassee, 71a 32301		
			
·		·	
			
(Use attachment if necessary)			
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this of State's records.	date will	not be listed as
ARTICLE VI: Other provisions, if any.			, _
REQUIRED SIGNATURE:			
J. Ernen	e K. MENGIT		_
Signature of a n This document is exect I am aware that any fal:	nember or an authorized representative of a member med in accordance with section 605.0203 (1) (b), Florid se information submitted in a document to the Departm see felony as provided for in s.817.155, F.S.	da Statut	
Terrence	Typed or printed name of signee	-	
	Filing Fees:	<u>.</u>	N3
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	rganization and Designation of Registered Agent	Ĺ	
\$ 50.00 Certificate of Status (Optional)	nal)	:	
•		(