L26000138931

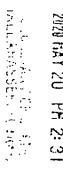
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





400344505994

05/20/20--6101;--032 **155.60





COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT:	Willoughby and Lee		LOUGHBY & nited Liability Company	LEE, LLC.
The enclose	d Articles of Organization	n and fee(s) are	submitted for filing.	
Please return	n all correspondence conc	erning this ma	atter to the following:	
	LISA F	A. E	UERHART	
-			Name of Person	
	WILLOU	GHBY	¿ LEE LLC	•
			Firm/Company	
	7827	BONI	TA WAY	
			Address	
_	ELLENTE	5N	FL, 346	398
	IN IT LOVE	HRVAA	ity/State and Zip Code	w cam
_	E-mail addres	ss: (to be used	for future annual report notification	on)
For further in	formation concerning this	matter, please	e call:	
-	LISA EVER+		749 294 7 rea Code Daytime Telephone	1329 • Number
Enclosed is	a check for the following	amount:		
□\$125.001		Filing Fee & c of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpor P.O. Box 6327	ations	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee

Tallahassee. FL 32314

Tallahassee, FL 32303

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED 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.

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.

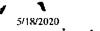
KERRY L. SPANIAK

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)
- \$ 5.00 Certificate of Status (Optional)





Filing Information

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 05/18/2020

Certificate of Status Requested No Certified Copy Requested Yes

Limited Liability Company Name WILLOUGHBY & LEE, LLC

Principal Place of Business

Address 7827 BONITA WAY

Suite, Apt. #, etc.

City, State ELLENTON, FL

Zip Code & Country 34222,

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SPANIAK, KERRY, L.

Address 3823 LEMONWOOD DR SOUTH

Suite, Apt. #, etc.

City, State ELLENTON, FL Zip Code & Country 34222, US

Registered Agent Signature KERRY L. SPANIAK

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name WILLOUGHBY & LEE

E-mail Address WILLOUGHBYANDLEE@GMAIL.COM

Signature of a member or an authorized representative.

Signature KERRY L. SPANIAK

Name And Address of Person(s) Authorized to Manage LLC

COVER LETTER

SUBJECT:	Willought	y and Lee	WIL	LOU	JGHB	Y) _ 1	LEE,	LLC.
			Name of L	imited Li	ability Comp		-\		
The enclosed	d Articles of	f Organization	and fee(s)	are submi	tted for filing	3 .			
Please return	•	ondence conc	_		_				
	Lis	SA A	. E	UER	HART	T			
-					e of Person				
	ω	LLOV	GHB>	4 5	LEE	LL	<i>- C</i>		
_				Firm	/Company				
	78	ra7	BON	ITA	WF	+ X			
_					ddress		-		
_	ELL	ENTO	。 ハ	F	L,	34	<u>[a</u>	32	
		4	1.001.0	City/Stat	e and Zip Co	de O		. بر	~^
_	WIL	E-mail address	16 X /4	d for figu		or anii	VI PA 1	L , (0	
					ire amiuar rej.	on noun	carron		
For further info	ormation co	ncerning this i	matter, plea	se call:					
	LISA	EVERH e of Person	ART _{at (_}	940	<u>7)</u> 2	94	73	329	
	Nam	e of Person	,	Area Cod	e Daytir	ne Telepl	hone N	umber	
Enclosed is a	check for the	he following a	mount:						
□\$125.00 F	iling Fec	□\$130.00 Certificate		Cei	\$155.00 Filin tified Copy ional copy is		l)	□\$160.00 F Certificate of Certified Co dditional co	of Status &
	<u>Mailin</u>	g Address			Street Ac	ddress			

New Filing Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

New Filing Section Division of Corporations

TO:

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLE IV.

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

and of each person	authorized
Title:	authorized to manage and control the Limited Liability Company:
"AMBR" = Authorized Member "MGR" = Manage	or the Limited Liability Company
"MGR" = Manager	Name and Address:
$\mathcal{M} \subset \mathcal{O}$	
71(3/7	ν .
	Kerry L. Spaniak
	3833 Spanial
1 2	FLLEN TON COCK
11/	ENTON L. 3:10 Dr. 5
	1. 1.
(Tax	Everla +
, e.	7627 Bon La VI
Λ ~ ~	
LAMBR	1821 = 782
	Caralli A
	THE AND FROM
	S12 CORA Heck
	The Price In The
	1 St. 243-37
(Use attent	
(Use attachment if necessary)	
ADTIO: -	
ARTICLE V: Effective date, if other than the date of fill the date of filling.)	
the date of all the date of fil	ling:
Note: 16:1	and canada
the date inserted in this black	cannot be more than five business (OPTIONAL)
the document's effective date and does not meet the	be applied to
ARTICLE ARTICL	ling: (OPTIONAL) and cannot be more than five business days prior to or 90 days after to be applicable statutory filing requirements.
ARTICLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as te's records.
	and not be listed as
RECHARD	
REQUIRED SIGNATURE:	
7 /	
Lena To	
Sign	Dark to de
This door of a member or	Janay
I am and a secuted in acc	an authorized representati
constitute that any false informat	ordance with section 605 0202 a member.
constitutes a third degree felony as	an authorized representative of a member. ordance with section 605.0203 (1) (b). Florida Statutes. sprovided for in s.817.155, F.S.
KEDAY	provided for in \$.817.155 to the Department of Start
-N'-KKY L	S D A L. A L.)
Typed	- OLUWIAK
(Spect of	s provided for in s.817.155, F.S. PAMIA r printed name of signee
\$125.00 Filing F *	
6 3. " " " " " " Fil	
3 30.00 Coming Articles of Open .	ung Fres:
\$ 5000 Certified Copy (Optional)	ung Fees: and Designation of the
\$125.00 Filing Fee for Articles of Organization (\$5,30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	ung Fees: and Designation of Registered Agent



Filing Information

Please review the filing for accuracy, if you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have enfered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 05/18/2020

Certificate of Status Requested No Certified Copy Requested Yes

Limited Liability Company Name WILLOUGHBY & LEE, LLC

Principal Place of Business

Address 7827 BONITA WAY

Suite, Apt. #, etc.

City, State ELLENTON, FL

Zip Code & Country 34222,

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SPANIAK, KERRY, L.

Address 3823 LEMONWOOD DR SOUTH

Suite, Apt. #, etc.

City, State ELLENTON, FL Zip Code & Country 34222, US

Registered Agent Signature KERRY L. SPANIAK

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name WILLOUGHBY & LEE

E-mail Address WILLOUGHBYANDLEE@GMAIL.COM

Signature of a member or an authorized representative.

Signature KERRY L. SPANIAK

Name And Address of Person(s) Authorized to Manage LLC

2020 HAY 20 PH 2: 31