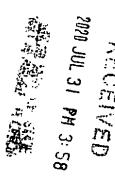
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2020 JUL 31 AM IO: 54 SECRETARY OF STATE TALLAMASSEE, FL

COVER LETTER

TO:	New Filing S Division of C				
SUBJE	ст: <u>Висл</u>	ey's Vault a	nd E Limited Li	X cavo fing, Lability Company	.LC.
The enc	losed Articles o	of Organization and fee(s)	are submi	tted for filing.	
		pondence concerning this			
		Chris A	. Bu	rney	
			Name	of Person	-
	Bur	ney's Vault	and	Excavahh	4, LLC
			Firm	/Company	
	12	8D Conserva	1 C7	Dr East	
			A	ddress	
	Talla	hassee, F	la.	32312	
	ا م	<u> </u>	City/State	and Zip Code	
	<u> Cab</u>	E-mail address: (to be use	O. Com		
		E-mail address: (to be use	d for futur	e annual report notificat	ion)
For further	information co	oncerning this matter, plea	se call:		
	Z1			_	
	Chris A	e of Person	<u> </u>	210-5003	
	Nam	e of Person	₹rea Code	Daytime Telephon	e Number
Enclosed	is a check for ti	he following amount:			
⊠\$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Cert	55.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		ling Section		New Filing Section Di	vision
	P.O. Bo	n of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Stree	
	Tallaha	issee, FL 32314		Tallahassee, FL 32303	s some of the

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 JUL 31 AM 10: 54

SECRETARY OF STATE TALLAHASSEE, FL

(Must contain 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:		
1280 Conservancy Dr. East	1280 Conservancy Dr. East		
Tallo hassee Florida 32312	Tailoussee Florida 92312		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Chris A Barney				
Name				
1290 Constructing Dr. East				
Florida street address (P.O. Box NOT acceptable)				
Tr-112/2514, FL 30312	_			
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..

(CONTINUED)

Régisteled Àgent's Signature (REQUIRED)

A	R	TI	CI	F	IV.
			•	_ E	1 V -

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

		my company.	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Chris A. Burney 1280 Conservacy D. Cost Tellangesce, Florida 323;	2	
		<u>S</u>	2
		CRETAI	: = ວ
(Use attachment if necessary)		Y OF S ABSEE,	- AM - 5: 5!
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthe date of filing.) Note: If the date inserted in this block does not make the date of the date inserted in this block does not make the date of the date inserted in this block does not make the date of the date inserted in this block does not make the date of the date inserted in this block does not make the date of the date o	ific and cannot be more than five business days	FIONAL) The friends or 90 days as	fter
Note: If the date inserted in this block does not me the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	et the applicable statutory filing requirements, the State's records.	is date will not be liste	ed a
- Formore, it units			
REOUIRED SIGNATURE:) ep		
I am aware that any false in	ber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Floral in a document to the Depart elony as provided for in s.817.155, F.S.		
Chris	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)