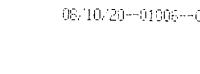
# 20000230/20

(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:				
<u> </u>				

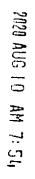
Office Use Only





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# COVER LETTER

New Filing Section

TO:

Div	ision of Co	rporations				
SHR IFCT.		Enterprises LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	d Articles of	Organization and fee	(s) are submitted	l for filing.		
Please return	n alf corresp	ondence concerning th	is matter to the	following:		
	Brent Colby	Lawhon				
-	•		Name of	Person		
-		<del>-</del> .	Firm/Co	ompany		
:	2236 Hicko	ry Court				
<del>-</del>			Addi	ess	<u> </u>	
	Tallahassee	. FL 32305				
co	onner.colby	09@gmail.com	City/State ar	id Zip Code		
_		E-mail address: (to be	used for future	innual report notificat	ion)	
For further inf	ormation co	ncerning this matter, p	lease call:			
<u>i</u> .	Brent Colby Lawhon		850	251-8643		
	Nam	ne of Person	Area Code	Daytime Telephor	ne Number	
Enclosed is a	a check for t	he following amount:				
□\$125.00 F	iling Fee	□\$130.00 Filing F Certificate of Statu	s Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address 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:

Colby-Co Enterprises LLC  (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:  2236 Hickory Court Tallahassee, FL 32305 Tallahassee, FL 32305	
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2236 Hickory Court Tallahassee, Fl. 32305 Tallahassee, Fl. 32305	
Tallahassee, Fl. 32305 Tallahassee, Fl. 32305	
Tattatiassee, TD 32303	
	F   F
Brent Colby Lawhon	)
Name 55	
2236 Hickory Court	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32305	
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..

Brent Coloy Luher
Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Brent Colby Lawhon
	2236 Hickory Court Tallahassee, FL 32305
	Tallanassee, 1 C 32303
· · · · · · · · · · · · · · · · · · ·	
<del></del> -	
(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V: Effective date, if other than the	e 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.)	
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. Older provisions, it any.	
	W Luchen F
REQUIRED SIGNATURE:	
Roomston	f a member or an authorized representative of a member.
6:	f a member or an authorized representative of a member.
This document is a	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any	y 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.
D O !!	
Brent Colb	Y Lawhon Typed or printed name of signee
	Typed of 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)