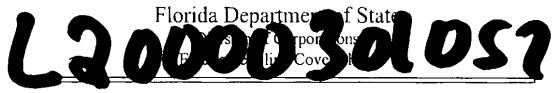
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

· From:

Account Name : RAYMOND B. PALMER

Account Number : I2000000029 Phone : (850)916-1000

Fax Number : (850)916-0080

\*\*Enter the email address for this business entity to be used for future ... annual report mailings. Enter only one email address please.\*\*

Email Address: ricesoldit@gmail.com

### FLORIDA LIMITED LIABILITY CO.

### Cherie Rice, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**EST** 0 5 2020

T. SCOTT

Mailing Address:

(((H200003439013)))

ARTICI	<b>ENOFORG</b>	ANIZATION FOR	FLORIDA LIMITIFD LIABII	JIYCOMPANY

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ARTICLE I - Name:	<b>d</b> ≢	•#		
The name of the Limited Liability Company is:				. 3
The state of the s	, we		•	
Cherie Rice, LLC				
(Must contain the words "Limited	d Liability Company, "I	L.L.C.," or "	LLC.")	· · · · · · · · · · · · · · · · · · ·

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Tribupat Office Trade Can	Transiting Transfer
2021 Plantation Oaks Dr., Navarre, FL 32566	2021 Plantation Oaks Dr.
	Navarre, FL 32566

## 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:

Principal Office Address:

	Name	-
2021 Plantation Oak	s Dr.	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
	FL.	32566
Navarre	I'lə	J-200

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..

/s/ Cherie Rice	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

FILED
2020 OCT -2 AM 9: 49
THE STATE

Fax: 8555501940

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#### 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	
MGR	Cherie Rice 2021 Plantation Oaks Dr., Navarre, FL 32566
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	late of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  ot meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	/s/ Cherie Rice
This document is exe I am aware that any f	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Cherie Rice	
	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)