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COVERTETTER

	Filing Sec sion of Co					•
SUBJECT:	Aucilla Riv	ver Press, LLC				
		Name of	f Limi	ited Liabil	ity Company	
The enclosed	Articles of	Organization and fee(s	s) a r e	submitted	for filing.	
Please return	all correspo	ondence concerning thi	s mat	ter to the	following:	
C	George M. C	Cole, Jr.				
_		, <u>=</u>		Name of	Person	
_				Firm/Co	mpany	
5	283 Ashvil	le Highway				
				Addr	ess	
N	Ionticello,	FL 32344				
8c. 	ole32344@	yahoo.com	Cit	ty/State an	d Zip Code	
_		E-mail address: (to be t	ised t	or future a	nnual report notificat	ion)
For further info	rmation co	ncerning this matter, pl	lease	call:		
George Cole		at	850)	997-0420	
	Nam	e of Person	\	ea Code	Daytime Telephon	e Number
Enclosed is a	check for th	ne following amount:				
■\$125.00 Fi	ling Fee	□\$130.00 Filing Fe Certificate of Status		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address			Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:				
The name of the Limited Liability	y Company is:			
Aucilla River Press, I (Must conta		Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	dress of the principal of	office of the Limi	ted Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	:
5283 Ashville Highw	ay	5	283 Ashville Highway	
Monticello, FL 32344		<u> </u>	Monticello	
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registrati	on.) d agent are:	nt. You must designate an individ	dual or
		Name		. * **
	5283 Ashville High	wav		
	Florida street address (P.O. Box NOT acceptable)			
	Monticello	FL	32344	٠.
	City	State	Zip	·
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obj	I hereby accept the appovisions of all statutes rigations of my position	oointment as regis relating to the pro as registered age	tered agent and agree to act in th per and complete performance of	his capacity. I f my duties, and I

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authori	zed Member
"MGR" = Manager	
MGR	George M. Cole, Jr. 5283 Ashville Highway
	Monticello, FL 32344
	
an effective date is listed, e date of filing.) ote: If the date inserted in t	if other than the date of filing: Jan 1, 2021 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days after this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
RTICLE VI: Other provisio	ns, if any.
REOUIRED SIGN.	ATURE:
	Lym- Cle Ju.
	Signature of Care 11.
l am	Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.
	Constant M. Cala In
	George M. Cole, Jr. Typed or printed name of signee
	•

as

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)