# L20000345290

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(Business Entity Name)
(Document Number)
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## **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

<i>K</i>	CERTIFIED COPY	Υ	
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ĸ	FILING	LLC	
	ORPORATE NAME AND D		
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	ORPORATE NAME AND D	OCHMENT #1	

#### COVER LETTER

то:	New Filing Section Division of Corporations	
SUBJE	CT: Muicfield Ro	Investments LLC mited Liability Company
The encl	losed Articles of Organization and fee(s) a	re submitted for filing.
Please re	turn all correspondence concerning this m	atter to the following:
	Jason Me	Atthews Name of Person
	Muirfield Rd	Investments LLC Firm/Company
	301 W Platt	St, #343 Address
	TAMPA,	FL 33606
	TAMPA,  JMatte Tear	ity/State and Zip Code  ABV. Com
Com Donah		for future annual report notification)
	information concerning this matter, please	
J45	Name of Person A.	412, 414-4405
	Name of Person A.	rea Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 F	Filing Fee \$\frac{\\$130.00 \text{Filing Fee & Certificate of Status}}{\}	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  S160.00 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 of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

Muicfield Rd Investments 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:
301 W Platt St, #343	SAME
TAMPA, FL 33606	

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:

Jason MAtthews

Name

301 W Platt St., #343

Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33606

City State Zin

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...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason MA+thews 301 W Platt St., #343 TAMPA, FL 33606
n effective date is listed, the date must be spe late of filing.)	of filing:
	eet the applicable statutory filing requirements, this date will not be list.
e: If the date inserted in this block does not medocument's effective date on the Department of TCLE VI: Other provisions, if any.	of State's records.
e: If the date inserted in this block does not me document's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	of State's records.

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)

ARTICLE IV-