# L21000101891

	(Requestor's Name)
	(Address)
	(Address)
	(Gity/State/Zip/Phone #)
☐ PICK-U	.> WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies 📋 📗	Certificates of Status
Special Instruction	s to Filing Officer
Pick	p at
	$\frac{1}{2}$

Office Use Only

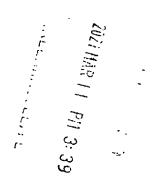
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### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Panhandle Paving LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chander kuniona / Hayden horrell Name of Person
Compony  Firm/Company
G27! Bombadil Find Address
Tallahassee / Florida / 32303  City/State and Zip Code  Playion, Horest @ yohng. Con / Chance Werk in Klahaf 11 @ yakhaa Can  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chandler Kirkland at (850) (850) - 508 - 3489  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{c} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1

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: The name of the Limited Liabilit	y Company is:				
	Panhondu ain the words "Limited Lia	Paving	Aire	L. L. C.	
(Must cont	ain the words "Limited Lia	bility Company, L.L.C.	," or "LLC.")		
ARTICLE II - Address: The mailing address and street a					
Principal Office Address:			Mailing Address:		
	mdir dr 33 203	627	Bombali	il dr	
<u> 14 ((aug556C</u>	<u> 12 35 80 3                                   </u>				
another business entity with an The name and the Florida street	address of the registered a  Choholur f  Bomboda  Florida street address (	gent are:  (1)   (10)   (1)  Name  P.O. Box NOT acceptable	ole)		2041 HAR 1 1 Pil 3:
	Idila hossee	FLState	33303	ſ	 ယ
	City	State	Zip		Φ
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	t, I hereby accept the appoint rovisions of all statutes relablingations of my position as	ntment as registered ager ating to the proper and co	at and agree to a complete perform ided for in Chap	ict in this capacity ance of my duties,	P. 1

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
. MGC_	Charlet kirkland  TIGE concord rd  Haraha FL 32333
. AMBR	Hayden harrell 6271 Donind' Of TAUDLICSER FL. 3227]
	,
(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.)	of filing: (OPTIONAL) reific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1/2/1
This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
( Mandler	Typed or printed name of signee

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

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)