# L21000116946

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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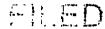
2021 MAR 22 PM 3: 30 SECRETARY OF STATE SECRETARY OF STATE

### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: T'S Bowls 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:
Tr M. Carey Name of Person
T'S Bowls Firm/Company
548 Springgreek Highway
Crawfordville Fl 32327 City/State and Zip Code
E-mail address: (We be used for future annual report notification)
For further information concerning this matter, please call:
Tr Carey at (229) 376-5316  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee  Certificate of Status  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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	2021 MAR 22 PM 3: 30
The name of the Limited Liability Company is:  (Must contain the words "Limited Liability Company, "L.L.C.," or "L.	SECRETARY OF STATE TALLAHASGEE, FL
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Comp  Principal Office Address:  Mail	any is: ling Address:
500   Atlantic Blvd 548 Spr Docksonville F1 30207 Crawbord	ingcreek Highway
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designanther business entity with an active Florida registration.)	nate an individual or
The name and the Florida street address of the registered agent are:	
Tr M. Carey	
5201 Atlantic Blvol Florida street address (P.O. Box NOT acceptable)	
Jacksnville Fl 322 City State Zip	<u>07</u>

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..

(CONTINUED)

Registered Agent's Signature (REDUIRED)

Signature of a memberor an authorized representative of a member:

This document is executed in aurona are with section 605.0263.(1) (b): Floridar Statutes. I am aware that any false information submitted in adocument to the Department of State is constitutes a third-degree felony as provided for in \$.817.1555.F.S.

03/22/21

M. Carey

Filing Fees:

198 unphipmed and by the employ of Committee innered Designation of Registered Angus.