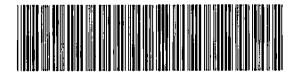
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only

MAR 2 2 2021

T. SCOTT



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2021 HAR 22 PH 4: 03

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: By J High Destricting + Pressure W. Name of Limited Liability Company LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Burbara L. Landson
Name of Person
Firm/Company
P. U. Bux 975
Address
Gree tha , #1, 3,233 2 City/State and Zip Code
City/State and Zip Code CUDIN WOODSON 69 @ GULDOO CUDIN
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara Churson ac 550, 363-3420
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 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

	DRGANIZATION FOR I	LORIDA LIMITI	ED LIABILITY COM	PANY	
ARTICLE I - Name: The name of the Limited Liability	Company is:				
(Must contain ARTICLE II - Address:	Thut In the words "Limited I	Detai 1 Liability Compan	y. T.C. J	jessure l	Nachi
The mailing address and street add	lress of the principal of	Tice of the Limit	ed Liability Compar	ny is:	
Principal 325 North	Office Address: 13th Street	<u>+</u> _		10 3233 2	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own	Registered Agen		te an individual or	
The name and the Florida street ac	ldress of the registered	agent are:			
	Barbaro	. L. WI	rudson		
	525 110	140 134	h Streot	<u> </u>	
	Florida street address	(P.O. Box NOT	acceptable)	<u> </u>	
	Duny	, Ha	3235/		
	City	State	Zip		
laving been named as registered ag lace designated in this certificate, I	hereby accept the appo	ointment as regist	ered agent and agre	e to act in this capacity. I	

h 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)

= Authorized Member Manager <u> </u>	
12 1	R. L. 1 1
	Bailiaia 1. Ludsus, 200 1
	700 Vec. 1410 - 32351
:R	
	·
	
ective date on the Department of er provisions, if any.	ect the applicable statutory filing requirements, this date will not of State's records.
ED SIGNATURE:	Dhanker
ed signature: Ballaco	7. 10000000
Signature of a mer This document is execute I am aware that any false	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 felony as provided for in s.817.155, F.S.
Signature of a mer This document is execute I am aware that any false constitutes a third degree	nber 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 felony as provided for in s.817.155, F.S.
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' ' ARTICLE IV-