

# La 1000274735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

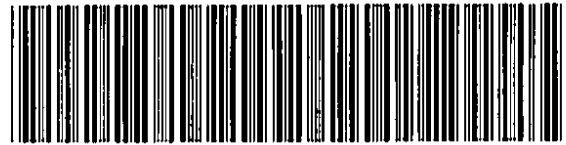
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUN 14 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 JUN 14 PM 12:48  
ALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

Another Way LLC

SUBJECT: Another Way 21 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:

Annie Battles & Todd Johnson

Name of Person

Another Way LLC

Firm/Company

2295 NE 200th Avenue

Address

Williston, FL 32696

City/State and Zip Code

anotherwayllc21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annie Battles

352

219-8011

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2021 JUN 14 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AnotherWay 21 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:**

2295 NE 200th Avenue  
Williston, FL  
32696

**Mailing Address:**

2295 NE 200th Avenue  
Williston, FL  
32696

**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:

Annie Battles  
Name  
2295 NE 200th Avenue  
Florida street address (P.O. Box **NOT** acceptable)  
Williston, FL 32696  
City State Zip

*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Manager \_\_\_\_\_

Annie Battles  
2295 NE 200th Avenue  
Williston, FL 32096

Manager \_\_\_\_\_

Todd Johnson  
20151 NE 29th Street  
Williston, FL 32096

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 14 PM 1:09

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**ARTICLE V:** Effective date, if other than the date of filing: June 12, 2021. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


**ARTICLE VI:** Other provisions, if any.

This company is organized under educational, counseling and training purposes with wrap-around services for individuals consisting of:

but shall not be limited to: Employment Services, Counseling, Parent Education, Mentoring, Conflict Resolution,

Restorative Justice, Information & Referrals and Mediation.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Annie Battles

\_\_\_\_\_  
Typed or printed name of signee

**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)