## L21000288603

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





300368617373

06/23/21--01002--001 \*\*160.00

ALLÁBÁSSEE, L.

2021 JUN 22 PH 3: 00 SECRETARY OF STATE TALLAHASSEE, FL

## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: STK Constru	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
Alex Taylor	Name of Person	<u></u>
	Firm/Company	
226 Nicho	ols Rd	
<u>Wewahitch Ka</u>	ty/State and Zip Code  (a) GMailic am	
	for future annual report notification	on)
For further information concerning this matter, please		
Name of Person Ar	ca 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	Street Address New Filing Section Di The Centre of Tallaho	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUN 22 PM 3: 04

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FL
(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:
Dewahitenka, FL,	P.O BOX 60 103 226 Nichols W. Wewahitchka 32405,

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:

Alex Taylo	r Knowles	
_	Name	
226 Nicho	213 RS	
Florida street addres	s (P.O. Box <u>NOT</u> ac	rceptable)
wewahire	hen FL	32465
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)

as

ARTICLE IV- The name and address of each person auth  Title: "AMBR" = Authorized Member	horized to manage and control the Limited Liability (  Name and Address:	Company:
"MGR" = Manager  MGR	Alex Toylor Knowes 226 Michols Ld. Wewar FL. 33465	iyenka
AMBR	Alex Taylor Knowles  200 Nichols Rd, Wellah	lchka
		SECRETAR TALLAHA
<del></del>		
(Use attachment if necessary)		3: 04 STATE E, FL
(If an effective date is listed, the date must be spe the date of filing.)	of filing:	rior to or 90 days after
ARTICLE VI: Other provisions, if any.		

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.

A Jex Knowles

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)
- S 5.00 Certificate of Status (Optional)