## L21000380138

(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



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SECRETARY OF STA

## COVER LETTER

	w Filing Sectionsission of Corpo			
SUBJECT:	<u>Ba</u>	11 Heva J Name of Limi	Entertainmented Liability Company	ent LLC
The enclose	ed Articles of O	rganization and fee(s) are	submitted for filing.	
Please retur	n all correspon	Jence concerning this mat	ter to the following:	
		Travis F	3 Thurston Thurson	JR
			Name of Ferson	
	-		Firm/Company	
		4544 E	Ham Park	
-		Thurston	FLORI da  15/State and Zip Code  +0417 @ amai  for future annual report notification	
For further in	nformation cond	eerning this matter, please	cali:	
	TRAV Name	_ <del> \</del> \_	rea Code Daytime Telephone	OHIZ : Number
Enclosed is	s 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)	Certificate of Status & Certificate Of Opy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations
P.O. Box 6327

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	$\mathbb{R}^{n}$	řI.	C	Ш	E	ı	1	3	n	ıc	:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4544 Eltham Dark

Tallanassee, FL 32303

4544 Eltham Dark Fallahassee, Fl 32303

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:

Teavis & Thurston

4544 Eltham park

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

State

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 of registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBO	Travis R Thurston Jr
1110	4544 Eltham MRK
	Tallamassee Froeida 32303
	TOTAL MANAGEMENT CONTRACTOR
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(Use attachment if necessary)	<b>,··</b>
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
If an effective date is listed, the date mus	st be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depa	
the document a circuit chair of the Dept	authent of State 3 records.
ARTICLE VI: Other provisions, if any.	
	······································
NEATHER GLOVE WITH	
REOURED SIGNATURE:	
<u></u>	-th
	of a member or an authorized representative of a member.
	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	any false information submitted in a document to the Department of State
constitutes a thir	d degree felony as provided for in s.817.155, F.S.
	Tagues D'Thioslos To
	leavis K Murston De
	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)