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<u>(</u> Rε	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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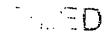
2021 OCT 19 MH 11: 48 CONTINUE STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Right Way Traffic 3 Move 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:
Line Sey Cook Name of Person
Might Way Traffic 3 More LLC Firm/Company
1391 Cook Rd Lamont, FL 32331p
Address City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Cook at (850) 242-1927 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) 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

2021 OCT 19 AM 11: 52

ARTICL		- N	ame
The second	٠.		1 :

The name of the Limited Liability Company is:

SECRED WINDERSTATE

Right	Way Traffic and More 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:	Mailing Address:
1391 Cook Rd	1391 Cook Rd
Lamon+ FC 3233 ip	Lament, FL 32334

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:

Lindsey	1 (00)k
1	Name	
1391 Cook	_ Pad	
Florida street address (P.O. Box NOT acceptable)		
Lamont	FL	32336p
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)

Name and Address:	
Robert Cook 1391 Cook Rd Lamont Fr. 32334	
James P. Hs 1391 Cook Md. Lament Fl. 52336	.JU 1666
of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as	
of State's records.	
ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State te felony as provided for in s.817.155, F.S.	
e r (Potent Cook 13G1 Cook Rd Lament F1. 3233 Ce 13G1 Cook Rd 13G1 Cook R

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

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)

ARTICLE IV-