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TALLAHASSEE, FLORINA



### **COVER LETTER**

SUBJECT: James Gueltzow, 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:  James Gueltzow						
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:						
Please return all correspondence concerning this matter to the following:						
James Questrous						
- Clock Colo						
Name of Person						
Firm/Company						
16531 Sid Collins Lane						
Address						
Tallahassee, FL 32310  City/State and Zip Code						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person Area Code Daytime Telephone Number						
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)  □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Ja	mes Gu	eltzo	w. LL	C.			
	n the words "Limited Liab						
ARTICLE II - Address: The mailing address and street add	dress of the principal office	of the Lim	ited Liability C	ompany is	::		
<u>Principa</u>	Office Address:		<u> </u>	Mailing A	ddress:		
16531 Sid Tallahasse	Collins Lane c. FL 32310	<b>-</b> -	16531 Tallaha		Collins C EC 32311		-
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street an	annot serve as its own Regative Florida registration.)  ddress of the registered age  Tames  No.  16531 Sid ('C	istered Age ont are: time	nt. You must d Itzow Lane		n individual individua	2021 NOV -8 PH 2: 1	n D
	Florida street address (P. Tallahasse		Tacceptable)	7)	O <sub>A</sub>	94	Ø
	City	State	<u> </u>		<u>.</u> .		3
faving been named as registered as place designated in this certificate, i further agree to comply with the pro In familiar with and accept the obl	hereby accept the appoint visions of all statutes relati	ment as regi ng to the pro	stered agent an oper and compl	d agree to ete perfor	act in this capa mance of my dui	city. I	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager $\frac{N C_{1}Z}{}$	James Gueltzous 16531 Sid Collins Lane Tallahassee Fl 32310	<del></del>
AMBR	Richard Hinton 411 Maige Rd Tallahassee, FC 39310	
	TAGE CANADA	7/10/11/10/11
(Use attachment if necessary)	SEE. FLORIC	
the date of filing.)	meet the applicable statutory filing requirements, this date will	
ARTICLE VI: Other provisions, if any.		<del></del>
This document is execular am aware that any fals	nember or in authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statut se information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
James	S Gretzowi Typed or printed name of signed	

as

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)