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(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:	

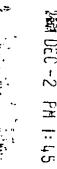
T. SCOTT

DEC 0 7 2021



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12/02/21--01015--003 **160.00



COVER LETTER

SUBJECT: 51000Martah's Locker, 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:
Ann Williamson Name of Person
Sloopmariah's Locker, LLC. Firm/Company
1860 MW 17th Street Address
Crystal River, FL 34428 City/State and Zip Code Sloop-pinno@usa.net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ann Williamson at (352) 697-1524 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address

• :

TO:

New Filing Section
Division of Corporations

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

The name of the Limited Liability Company is:	
Sloopmariah's Locker, LLC. (Must contain the words "Limited Liability Company, "L.L.C.," or "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:
1860 NW 17th Street	PO Box 695
Crystal River, FL 39428	Crystal River, FL 34425-0695

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:

ARTICLE I - Name:

Ann	William	501
	Name	-
1860 NW	17th S	treet
Florida street address	s (P.O. Box <u>NO</u>	T acceptable)
Crystal R	iver. FL	34428
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)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Ann Williamson 1860 NW 17th Street Erystal River, FL 34428
_AMBR	Michael Williamson 1860 NW 17th Street Crystal River, FL 34428
(Use attachment if necessary)	
date of filing.)	date of filing: <u>January 1, 2022</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Departm	
TICLE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
PEOUPED GLOVATURE	
REQUIRED SIGNATURE: ,	

Filing Fees:

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

Michael Williamson
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)