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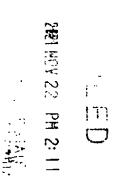
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consistence of State Office
Special Instructions to Filing Officer:
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COVER LETTER

	Tiling Section on of Corporations		
SUBJECT:	Tellow Tron Contracting LLC Name of Limited Liability Company		
The enclosed A	articles of Organization and fee(s) are submitted for filing.		
Please return all	l correspondence concerning this matter to the following:		
	William Wuthe		
	Name of Person		
	Firm/Company		
	6021 Staff Rd.		
	Crestview/Florida 32536		
-	E-mail address: (to be used for future innual report notification)		
For further infor	mation concerning this matter, please call:	2851 N	
<u>\</u>	Name of Person Area Code Daytime Telephone Number	SKET NOV 22 PK	
Enclosed is a cl	heck for the following amount:	PK 2: I	
□\$125.00 Fili	ing Fee DS130.00 Filing Fee & DS155.00 Filing Fee & DS160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	_	
	Mailing Address Street Address		

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 I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

LODAL Staff Rd.

Crestview, FL.

32536

Principal Office Address:

Mailing Address:

(POAL Staff Rd.

Crestview, FL.

32536

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:

Name

Name

OOZI Stoff Rd.

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

Prostview Florida 325340

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..

William Unth Registered Agent's Signature (REQUIRED)

(CONTINUED)

SM1 NOV 22 PM 2: 11

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Mak	willian wayne white
	(03) State (dx) 33530
	1.
MGR	Kannolla I la accidination
IVIG E	2545 S1205 F 11 DC
	(nestries, IL 30536
AMBR.	Both Ann Witke
	3545 SUMBER DC.
	(nestrieu, 12, 32536
	
(Use attachment if necessary)	
	1 Description of State of Stat
ARTICLE V: Effective date, if other than the	date of filing: NOVEMBER 15, 202 (OPTIONAL)
(if an effective date is listed, the date must the date of filing.)	e specific and cannot be more than five business days prior to or 90 days afte
E.F.	not meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departr	
ARTICLE VI: Other provisions, if any,	
	······································

REQUIRED SIGNATURE:	
	له د د
- John	a member or an authorized representative of a member.
Signature of This document is a	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any	false information submitted in a document of the Department of States
constitutes a third d	egree felony as provided for in s.817.155, F.S.
,	111111111111111111111111111111111111111
	Typed or printed name of signee
	- Typed of printed name of signed
	Filing Fees:
	f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	
S 5.00 Certificate of Status (O)	

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

ARTICLE IV-