L2200016709

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. O'KEEFE JAN 14 2022

COVER LETTER

	New Filing Section Division of Corpora	tions			•
SUBJEC		orida DIY Consultants			
SUBJEC	.1	Name of Lim	ited Liabil	ity Company	
The enclo	osed Articles of Orga	nization and fee(s) are	submitted	for filing.	
Please re	turn all corresponder	ce concerning this mat	tter to the	ollowing:	
	Mathew Brown				
			Name of	Person	
	West Central Flor	ida DIY Consultants, I	LLC		
			Firm/Co	mpany	
	7806 Maryland A	venue			
			Addr	ess	
	Hudson, FL 3466	7			
	<u> </u>		•	d Zip Code	
		ot matt@gm I address: (to be used t			on)
For further	information concern	ing this matter, please	call:		
	Mathew Brown	72 ⁻ at (243-4696	
	Name of			Daytime Telephone	e Number
Enclosed	is a check for the fo	lowing amount:			
≣\$1 25.0		\$130.00 Filing Fee & ertificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad New Filing Division of P.O. Box 6	Section Corporations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
West Central Florida				
(Must conta	in the words "Limite	d Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principa	l office of the L	imited Liability Company is:	
Principa	l Office Address:		Mailing Ad	dress:
7806 Maryland Aven	ue, Hudson, Fl. 346	67	7806 Maryland Avenue, Hi	udson, FL 34667
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ov ctive Florida registra	vn Registered A tion.)		individual or
The name and the Florida street a	ddress of the register	red agent are:		
	Mathew Brown			
		Name		
	7806 Maryland Av	/enue		
	Florida street addr	ess (P.O. Box 🐧	(OT acceptable)	
	Hudson	FL	34667	
	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)

ARTICLE IV-

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

"MGR" = Manager	
AMBR	Mathew Brown 7806 Maryland Avenue Hudson, FL 34667
	TALL SECRETARY ASSESSMENT
	O AM ID: OF STATE SEE: FLORID
41.1	
(Use attachment if necessary)	
T.E.V: Effective date, if other than the ffective date is listed, the date must le of filing.) If the date inserted in this block does nument's effective date on the Department.	the date of filing: Jan 1, 2022 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the ffective date is listed, the date must le of filing.) If the date inserted in this block does cument's effective date on the Department.	the date of filing: Jan 1, 2022 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does current's effective date on the Departrected CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any	the date of filing: Jan 1, 2022 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be

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)