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## COVER LETTER .

TO: New Filing Section Division of Corporations
SUBJECT: Off the Chain Dock & Lift 116 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:
Carson Andrew Booth
Name of Person
OFF
Firm/Company
10332 murray road Address
Clermant FL 34711  City/State and Zip Code  Boothyusa (egmad, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carson Booth at 352 346 0770  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125,00 Filing Fee
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	ED
Off the Chain Dock & Lift Lic (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	2022 HAR 14 PM 4: 06
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	MALAHASSEE, FL
Principal Office Address: Mailing Ac	ldress:
10332 MUMO vous 10332 Mumay Clammat F= 34711 Clammat 17	3474.
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 another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	individual or
Name	
Name  10322 Murray road  Florida street address (P.O. Box NOT acceptable)	
Clermant FL 34711 City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited li lace designated in this certificate. I hereby accept the appointment as registered agent and agree to a arther agree to comply with the provisions of all statutes relating to the proper and complete perform in familiar with and accept the obligations of my position as registered agent as provided for in Chape Registered Agent's Signature (REQUIRED)	ect in this capacity. I ance of my duties, and I

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	г
MED	Caran Andrew Booth
	10372 murry road Clermont FL 34711
	10532 WHOMAY YOUNG CLERMONE PL 39711
	SER PA
	E. C.
(Use attachment if necessary)	
f an effective date is listed, the date m the date of filing.)	in the date of filing: $3-14-22$
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
,	Cum munuya
This document I am aware that	re of a member or an authorized representative of a member. is executed in accordance with section 605,0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817,155, F.S.
	Cusun Hnurau Bacth Typed or printed name of signee

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)