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(Re	equestor's Name)	· · · · · ·
(Ad	idress)	
(Åd	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/28/22--01052--012 **155.00





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	ty Company is:			
Fowler Advising LL	C			
(Must cont	ain the words "Limited I	_iability Company	. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	flice of the Limite	d Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ss</u> :
1006 Fleming Street			06 Fleming Street	
Key West, FL 33040			y West, FL 040	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent	ent's Signature: -You must designate an indi	vidual or = = = = = = = = = = = = = = = = = =
The name and the Florida street	address of the registered	agent are:	•	
	The DeVries Law Fir	m, P.A.		
		Name		
	644 Ceserv Blvd, Sui	te 250	. <u></u>	
	Florida street address		acceptable)	
	Jacksonville	FL	32211	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2022 FEB 28 Pil 4: 08

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	Chris E. Fowler
WOK	1006 Fleming Street Key West, FL, 33040
AMBR	Chris E. Fowler Living Trust Chris E. Fowler, Trustee 1006 Fleming Street, Key West, FL, 33040
<u> </u>	0
,	
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mute of filing.)	the date of filing: 24, 202. (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days a oes not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block discument's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block discument's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be liste

Filing Fees:

Typed or printed name of signee

\$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)

2013: 10 20 TH 4. C