L22000/9353

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

MDDW 488

T. SCOTT APR 1 2 2022



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2022 APR 12 PH 3: 18

COVER LETTER

	New Filing Sec Division of Co					
SUBJEC	THE BOA	RDWALK LIE C	ot 2	T Geo	inge Islan	ncl LLC
		Na	me of Limi	ted Liabili	ty Company	
The enclo	sed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please ret	urn all correspo	ondence concerni	ng this matt	er to the f	ollowing:	
	WOH MHOL	'ARD				
				Name of	Person	
	JOHN HOW	'ARD TAX SER'	VICE			
				Firm/Co	npany	··-·
	92 DEWIGH	IT SANDERS RO	DAD			
				Addr	:SS	
	SOPCHOPP	Y, FL 32358				
	46.8+8.8		Cit	y/State and	l Zip Code	1,10,100
	howardj811@					
]	E-mail address: (t	o be used fi	or future a	nnual report notificat	ion)
For further	information co	ncerning this mat	ter, please o	:all:		
JOHN HOWARD		850 at (<i>9</i> \$660719		
Name of Person			a Code	Daytime Telephon	ie Number	
Enclosed	is a check for t	he following amo	unt:			
■\$125.0	0 Filing Fee	□\$130.00 Filin Certificate of \$		Certific	6.00 Filing Fee & ed Copy all copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE4 - Name: The name of the Limited Liabili	ty Company is:			
THE DOARDWALL	(He of ST. GO	DANCE TO	aland LLC	
(Must con	tain the words "Limited I	Liability Compa	any, "L.L.C.," or "LLC.")	
			,	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lim	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
CHRISTOPHER VA	ARNES		12 MARKS ST	
12 MARKS ST			APALACHICOLA, FL 32320	
APALACHICOLA,	FL 32320			
another business entity with an The name and the Florida street	•			
	CHRISTOPHER VA	RNES		
		Name	· ·	
	12 MARKS ST			
	Florida street address	s (P.O. Box <u>NO</u>	OT acceptable)	
	APALACHICOLA.	FL3 2320)	
	City	State	Zip	
			or the above stated limited liability compan istered agent and agree to act in this capac	
•		•	oper and complete performance of my duti	

HpldIam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	CHRISTOPHER VARNES 12 MARKS ST APALACHICOLA, FL
AMBR	MONICA VARNES 12 MARKS ST APALACHICOLA, FL 32320
(Use attachment if necessary)	
If an effective date is listed, the date must be ne date of filing.) Note: If the date inserted in this block does not be document's effective date on the Department.	date of filing: 04/12/2022 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	member or an authorized representative of a member.
This document is ex-	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State

CHRISTOPHER VARNES

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)