22000167471

(Re	equestor's Name)	_		
(Ad	ldress)			
(Ad	idress)			
(Cil	ty/State/Zip/Phono	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only

T. SCOTT APR 2 2 2022



700383254637

04 07.22 - 0104F--009 - **125.80



COVER LETTER

Division of C	Section Corporations		•	•
SUBJECT:	In All Things	Give Th	nanks LLC	
3000E1.	Name of Lir	mited Liability	y Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted f	or filing.	
Please return all corre	spondence concerning this ma	atter to the fo	llowing:	
	Sally	Beth Ho	off, Trustee	
Keep Mo	oving Forward Li	Name of P ving Tru		arch 21, 2022 and
· 	•	<u>nendme</u>	ents thereto	
		Firm/Com	pany	
6648 Delhi Drive				
		Addres	is s	
	Milto	n, Flori	da 32583	
		ity/State and	=	
	Bethh E-mail address: (to be used		cloud.com	ion)
Post Combon in Comment on			ndar report nottriedt	(OII)
For turtner information	concerning this matter, pleaso	e can:		
Sally	Beth Hoff	850	776-3	897
N:	ame of Person A	rea Code	Daytime Telephon	e Number
Enclosed is a check fo	r the following amount:			
例\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address	S	treet Address	
New Filing Section		New Filing Section Division		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	ahassee, FL 32314		allahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

In All Things Give Thanks LLC

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

ARTICLE II - Address:

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

Principal Office Address:

6648 Delhi Drive Milton, FL 32583

6648 Delhi Drive Milton, FL 32583

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:

Sally Beth Hoff

Name
6648 Delhi Drive

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

Milton FL 32583

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:

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member	Sally Beth Hoff, Trustee of Keep Moving Forward Living Trust dated March 21,			
"MGR" = Manager				
MGR	2022 and any amendments thereto			
	<u> </u>			
(Use attachment if necessary)				
	CONTION A CONTIO			
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL)			
it an effective date is usted, the date must be spec- the date of filing.)	ific and cannot be more than five business days prior to or 90 days after			
	et the applicable statutory filing requirements, this date will not be listed a			
the document's effective date on the Department of	•••			
the disease is a receive date on the beputition of	Time 5 records.			
ARTICLE VI: Other provisions, if any.				
	<u> </u>			
DEMINED SICNATIOE.				
REQUIRED SIGNATURE:				
- 100 1 /V	oth Idall			

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sally Beth Hoff, Trustee of Keep Moving Forward Living Trust dated March 21, 2022 and any amendments thereto 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)
- \$ 5.00 Certificate of Status (Optional)