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## TO: New Filing Section Division of Corporations

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Step One Investments Andalusia, LLC

SUBJECT: \_

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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:

Logan S. Parker

Name of Person

Bass Sox Mercer

Firm/Company

2822 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

lparker@dealerlawyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Logan Parker	850	878-6404
Name of Person	_at ( Area Code	) Daytime Telephone Number

Enclosed is a check for the following amount:

□S125.00 Filing Fee	🗐 \$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee.
_	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

<u>Mailing Address</u> 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

FILED

2022 MAY 26 PM 3: 55

SECREDARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Step One Investments Andalusia, LLC

(Must contain the words "Limited Liability Company, "L4..C.," or "L1.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
696 Beal Parkway Northwest	696 Beal Parkway Northwest	
Fort Walton Beach, FL 32547	Fort Walton Beach, FL 32547	

## 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:

Bass Sox Mercer		
	Name	
2822 Remington Gr	een Circle	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahasse	FL	32308
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 stands 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.

gistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MCB" = Memory	Name and Address:	
"MGR" = Manager <u>MGR</u>	Juan Carlos Correa 696 Beal Parkway Northwest Fort Walton Beach, FL 32547	
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		ASSEF
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of tiling: \_\_\_\_\_\_\_, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIR	ED SIGNATURE:
	Nort
	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.
	Logan S. Parker
	Typed or printed name of signee
	1991 - IN
	Filing Fees:

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)