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| (Requestor's Name) |
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| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| Office Use Only |
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| DIVISION - LUNPORATIONS TALLAHASSEE, FLORIDA | 2022 JUL 15 PH 4: 24 | RECEIVEN |

D. O'KEEFE

<u>JUL 15 2022</u>

COVER LETTER

TO: **New Filing Section Division of Corporations** eservation rrisk SUBJECT: Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further

P.O. Box 6327

Tallahassee, FL 32314

| James A. Parrish |
|--|
| Name of Person |
| |
| Firm/Company |
| 138 Francis Harrell Way |
| Address G |
| Midway, FL. 32343 |
| Midway, + L. 30343 City/State and Zip Code |
| |
| E-mail address: (to be used for future annual report notification) |
| rmation concerning this matter, please call: |
| rmation concerning this matter, please call: |

at (Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □\$125.00 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) Mailing Address Street Address New Filing Section Division New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ation LLC. (Must contain the words "Limited Liability Company, "L.L.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: | | |
|---------------------------|-------------------------|--|--|
| 138 Francis Harrellway | 138 Francis Harrell way | | |
| Midway FL. 32348 | Midway FL. 32343 | | |

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:



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-

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

| Title: "AMBR" = Authorized Member | Name and Address: | |
|--|--|--|
| "MGR" = Manager \underline{A} \underline{M} \underline{B} \underline{R} | James Parrish 138 Francis Harrell Way Midway FL. 32343 | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | <u> </u> | |
| EV: Effective date, if other than the da | te of filing: | |

(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.)

Note: 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.

| | <u>~</u> |
|---|----------|
| | 2022 |
| REQUIRED SIGNATURE: | _ |
| //e/i/c | |
| Signature of a member or an authorized representative of a member. | ្រ |
| This document is avacuted in accordances with section 605 0202 (1) (b) Electide Statigan | |
| I and aware that any false information submitted in a document to the Department of State | P |
| | |
| James Parcish | :06 |
| Typed or printed name of signee | σ |
| ryped of printed name of signed | |

<u>Filing Fees:</u>

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)