

L22000337385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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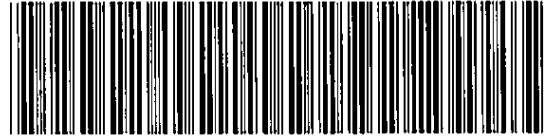
(Business Entity Name)

(Document Number)

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ALLIANCE FIRM

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TO: Registration Section
Division of Corporations

SUBJECT: FIBER BY CENTRAL FLORIDA, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Woodroe Blake Fugate
Fugate & Fugate, P.A.
Post Office Box 98
Williston, Florida 32696
E-mail address (to be used for future annual report notification): blake@normdfugatepa.com

For further information concerning this matter, please call:

Woodroe Blake Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$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/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION
OF
FIBER BY CENTRAL FLORIDA, LLC**

ARTICLE I – NAME

The name of the limited liability company is FIBER BY CENTRAL FLORIDA, LLC.
("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
11491 NW 50th Ave
Chiefland, Florida 32626

Mailing Address:
11491 NW 50th Ave
Chiefland, Florida 32626

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Denny George
11491 NW 50th Ave
Chiefland, Florida 32626

*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.*

Denny George /s/
Denny George

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Name and Address:

Denny George
11491 NW 50th Ave
Chiefland, Florida 32626

REQUIRED SIGNATURE:

Denny George /s/

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.

Denny George

Typed or printed name of signee

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