## 122000370286

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ATTABLESSET, FOR

AM 9: 26 2022 AUG 25 AM 1: 04

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mc Neil'n P			more LL	. (,
(Must cont	ain the words "Limited Lic	ability Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal offi	ce of the Limited	Liability Company is	:
46 RODINSON	al Office Address:   ()          FIO. 32344	1410 1410	Mailing A RODINSON NTICCHO, Fla	ddress: (/) Г. 323 44
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	zeannot serve as its own R	egistered Agent.	nt's Signature: You must designate a	n individual or
The name and the Florida street	address of the registered a	gent are:		
	Vertis Ro			
Name				
	46 LOVINS	on cir.		
Florida street address (P.O. Box NOT acceptable)				
	Monticello	Fla.	32344	
	City	State	Zip	-
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the appor provisions of all statutes rel	intment as register ating to the proper	red agent and agree to r and complete perfor:	act in this capacity. I mance of my duties, and I

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MG R.	Vertis Rovinson Hu Rovinson Cir. Monticello, Fla. 32344			
	· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)				
(If an effective date is listed, the date must be the date of filing.)	ate of filing:			
ARTICLE VI: Other provisions, if any.	AR OF State S (COOKS)			
REQUIRED SIGNATURE:	Adman			
Signature of a This document is exc I am aware that any f	member or an authorized representative of a member, cented in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.			
Ve	Typed or printed name of signee			

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2022 AUG 25 AM SECRETARY OF