## L22000408414

(Commented Name)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Doomeou Limy nome)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	$\neg$		
	ĺ		
	ĺ		
	İ		

Office Use Only



600393794376

1002 SEP = 6 PM 2: 24

## COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Executive Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
H(	illey Johnson	Name of Person	Johnson
	C2 D	nirtwork	
		Firm/Company	
116	Jonas Ro		
<del></del>		Address	
	CRESCENT CITU	1, FL 32112	
	Cidirtwork	ty/State and Zip Code  OWNGIL. OWN  for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
Hater	e of Person at (	380 ) 559 - 88 ca Code Daytime Telephon	SOO e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address	Street Address New Filing Section Di	2022

New Filing Section

New Filing Section Division The Centre of Tallahassee Division of Corporations P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CO DIRHWORK	UC.
(Mus	t contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and su	reet address of the principal office of th	e Limited Liability Company is:
<u>Pr</u>	incipal Office Address:	Mailing Address:
1150	oras Rd.	00 BOX 56
	(ht (thy, FL 321)2	CREACINE LITY, FC 32112
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registerent Company cannot serve as its own Registerent han active Florida registration.)	ed Agent. You must designate an individual or
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registen	ed Agent. You must designate an individual or
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registerent Company cannot serve as its own Registerent han active Florida registration.)	ed Agent. You must designate an individual or
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered npany cannot serve as its own Registered han active Florida registration.)  street address of the registered agent are Name	ed Agent. You must designate an individual or
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered npany cannot serve as its own Registered h an active Florida registration.)  street address of the registered agent are Name	ed Agent. You must designate an individual or  ::    SOO
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered npany cannot serve as its own Registered han active Florida registration.)  street address of the registered agent are Name	ed Agent. You must designate an individual or  ::  SOO  Rd .  NOT acceptable)
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered npany cannot serve as its own Registered h an active Florida registration.)  street address of the registered agent are Name	Rd Agent. You must designate an individual or  Rd .  Dx NOT acceptable)  32\12

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)

2022 SEP -6 PH 2

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Haley Johnson
	115 Jonas Rd.
	CRESCENT CITY FL 32112
Mar	cameron Johnson
	lis Joras Rd.
	CRESCIANT (144, FL 32112
<del> </del>	
<del></del>	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: 8   3   122
ARTICLE VI: Other provisions, if any.	
<b>REQUIRED SIGNATURE:</b>	$\Lambda$
	Malh. of alarma
<u> </u>	Charles January
Signature of a m	ember or an authorized representative of a member.
	ited in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	te information submitted in a document to the Department of State et felony as provided for in s.817.155, F.S.
constitutes a unfu degre	To the State of the second sec
<b>\</b>	HUILU DANNSON
	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)