# 122002413982

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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T. SCOTT
SEP 2 6 2022



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#### **COVER LETTER**

TO:	New Filing Section
	Division of Corporations

ailors SUBJECT: 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:

mes Name of Person HORS Firm/Company Address <u> 32607</u> -lori Citv/State and Zip Code on 10 e vahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:



Enclosed is a check for the following amount:

□\$125.00 Filing Fee

X\$130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$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 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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:



#### **ARTICLE II - Address:**

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



## ARTICLE HI - 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. Thereby 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.

Kichard

Registered Agent's Signature (REQUIRED)

(CONTINUED)





ARTICLE IV-

Contraction of the Property of the state of the second of the second of the second of the

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

# <u>Title:</u>

M

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"AMBR" = Authorized Member "MGR

# Name and Address:

(" = Manager	
GR	Richard J Alston 6420 NE 27th ALE Gainesville EL 32409

(Use attachment (f necessary)

. (OPTIONAL) ARTICLE V: Effective date, if other than the date 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,

REOURED SIGNATURE 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. Richard T Alston 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)