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	(Requestor's Name	e)	
	(Address)		—
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	(City/State/Zip/Pho	one #)	
PICK-UP	MAIT	MAIL	
	(Business Entity N	lame)	
	(Dasiness Entity N	iame)	
	(Document Numbe	er)	
Certified Copies	Certifica	ates of Status	
Special Instructions to	o Filing Officer:		
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S. CHATHAM

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COVER LETTER

TO:	New Filing Sec Division of Cor					
orin m		BOSTON, LLC				
SUBJE	CT:	Nai	ne of Limi	ited Liabili	ty Company	
The enc	losed Articles of	Organization and	fcc(s) are	submitted	for filing.	
Please r	eturn all correspo	ondence concernir	ng this mat	ter to the f	ollowing:	
	R. Bruce Wa	irren				
				Name of	Person	
	Whitehurst,	Blackburn & War	ren			
				Firm/Co:	mpany	
	809 South B	road Street				
				Addr	255	
	Thomasville	, GA 31792				
	sfreeman@wi	owk.com	Ci	ty/State and	d Zip Code	
			be used f	for future a	nnual report notificati	on)
For furthe	er information co	ncerning this mat	ter, please	call:		
	Samantha Fre		229		226-2161	
		e of Person			Daytime Telephon	
Enclose	d is a check for t	he following amo	unt:			
□\$125	.00 Filing Fee	□\$130,00 Filia Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

277 Old Boston, I				
(Must c	contain the words "Limited Li	iability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and stre-	et address of the principal off	fice of the Limited I.	iability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
277 Old Boston F	Road	<u>277 O</u>	ld Boston Road	
Thomasville, GA	31792	Thom	asville, GA 31792	
• •	Agent, Registered Office, &	17	V-	
The Limited Liability Comp nother business entity with	eany cannot serve as its own F an active Florida registration eet address of the registered a	Registered Agent, You	's Signature: ou must designate an individual or	
The Limited Liability Comp nother business entity with	eany cannot serve as its own F an active Florida registration cet address of the registered a Andrew L. Tuggle	Registered Agent. You	V-	
The Limited Liability Comp nother business entity with	eany cannot serve as its own F an active Florida registration cet address of the registered a Andrew L. Tuggle	Registered Agent, You	V-	
The Limited Liability Comp nother business entity with	any cannot serve as its own F an active Florida registration eet address of the registered a Andrew L. Tuggle	Registered Agent. You	ou must designate an individual or	
The Limited Liability Comp nother business entity with	any cannot serve as its own F an active Florida registration eet address of the registered a	Registered Agent. You	ou must designate an individual or	# FM
The Limited Liability Comp nother business entity with	any cannot serve as its own F an active Florida registration eet address of the registered a Andrew L. Tuggle	Registered Agent. You	ou must designate an individual or	

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 (REQUIRE)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:	
MGR = Ma			
MGR		RCA. LLC	<u> </u>
		277 Old Boston Road Thomasville, GA 31792	
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			<u> </u>
			77
ARTICLE V: Effectiv	ent if necessary) e date, if other than the date of listed, the date must be spec	of filing: (OPTIO cific and cannot be more than five business days pro	NAL) for to or 90 days after
Note: If the date inser	ted in this block does not move date on the Department o	ect the applicable statutory filing requirements, this d if State's records.	ate will not be listed as
ARTICLE VI: Other p	rovisions, if any,		
REQUIRED	SIGNATURE:	A	
	 This document is execute I am aware that any false i 	mber or an anthorized representative of a member of in accordance with section 605.0203 (1) (b), Florid information submitted in a document to the Department felony as provided for in s.817.155, F.S.	a Statutes.
		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)