Laaco 429893

(Requestor's Name)
	(Address)
((Addiess)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	•

Office Use Only



800395488078

10/05/22--01001---006 **2650.00

S. CHATHAM

OCT - 6 2022

2022 OCT -- 4 PH 2: 07

22 OCT -4 PM 3: 65

SLORE TAKE US STATE OF CURPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 101 LawSon Court 11 LC Name of Limited Liability Company
And the second of the second o
Please return all correspondence concerning this matter to the following:
P. Bruce Warren
Prairie of 1 Crash
Whitehorst Blackborn & Warren
Firm/Company
809 South Brand Street
Add:ess
Thomasulle GA 31792 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samantly Freeman at (229) ZU 2161 Name of Person Area Code Daytime Telephone Number
Name of retson
Enclosed is a check for the following amount:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

101 LAWSON CC	OURT, LLC		
	·	bility Company, "L.L.C.," or "LL.C.")	
ARTICLE II -	Address:		
The mailing add	ress and street address of the	e principal office of the Limited Liabilit	y Company is:
Principal Office	e Address:	Mailing Address:	
277 Old Boston R	load	277 Old Boston Road	
Thomasville, GA.	31792	Thomasville, GA. 31792	_
			
		red Office, & Registered Agent's Sigi	
(The Limited Liability		red Office, & Registered Agent's Sign egistered Agent. You must designate an individual or	
(The Limited Liability business entity with	y Company cannot serve as its own R	egistered Agent. You must designate an individual or	another - 4
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.)	egistered Agent. You must designate an individual or	SECRETARY OF COMMISSION OF COMMISSION OF COMMISSION OF COMMISSION OF PH
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the Andrew L. Tuggle	egistered Agent. You must designate an individual or	SECRETARY OF COMMISSION OF COMMISSION OF COMMISSION OF COMMISSION OF THE PROPERTY OF THE PROPE
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the Andrew L. Tuggle	egistered Agent. You must designate an individual or ne registered agent are:	another - 4
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) The Florida street address of the Andrew L. Tuggle No. 28233 River Run Road	egistered Agent. You must designate an individual or ne registered agent are:	SECRETARY OF COMMISSION OF COMMISSION OF COMMISSION OF COMMISSION OF THE PROPERTY OF THE PROPE
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) The Florida street address of the Andrew L. Tuggle No. 28233 River Run Road	egistered Agent. You must designate an individual or ne registered agent are:	SECRETARY OF COMMISSION OF COMMISSION OF COMMISSION OF COMMISSION OF PH

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)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	RCA, LLC
Mai i	277 Old Boston Road
	Thomasville, GA 31792
	Thomastille, art 51752
	
	<u> </u>
(Use attachment if necessary)	
(Ose anaemient it necessary)	
LE V: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aw
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am awiment to the Department of State constitutes a third degre
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155. F.S.	e with section 605.0203 (1) (b). Florida Statutes, I am aw iment to the Department of State constitutes a third degre
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155. F.S.	e with section 605.0203 (1) (b). Florida Statutes. I am aw

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)