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Special Instructions to Filing Officer:	2022 CT -6 Fil 2: 25	

Office Use Only

I, KEN WEBSTER WILL NOT REINSTATE NOR

WEBSTER INVESTMENT & CONSULTING GROUP & REVOKE THE DISSOLUTION OF <u>2283</u>

DOCUMENT NUMBER <u>20000 21 22 83</u> AND I

RELEASE THE NAME FOR USE.

Later Welter



COVER LETTER

TO: New Filing Section **Division of Corporations**

SUBJECT: WEbSTER INVESTMENT & CONSULTING GROUP LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEN WEBSTER Name of Person Firm/Company 6149 SASON TRAIL Address TAILAGASSEE FL, 32317

City/State and Zip Code KDWKAPPA & Abl & Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEN WEBSTER at 850, 322-3192 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

☑S130.00 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:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
6149 JASON TRAIL	SAME
TALLAGASSEE FL 32317	

ARTICLE III - 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 ar

 dress of the registered agen and

 KEN WEBSTER

 Name

 6/49 JASON TRAI/

 Florida street address (P.O. Box NOT acceptable)

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 TA/IALASSE

<u>9- 100 - 9</u>

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.,

South Michite

gistered Agent's Signature (REOUIRED)

(CONTINUED)

ARTICLE IV-

• • •

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	DESTINI WEBSTER		
MGR	KEN Webster 6199 JANSON TRAIL TAMAGGASSEE	•	
		100 22 1	SECKE
		-6 PH 3	07 CORPOR
(Use attachment if necessary)		0	ATIONS
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90	days afte	

<u>Note:</u> 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,

<u>MLW CI</u>	RED 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
	1 am aware that any false information submitted in a document to the Department of State
	constitutes a third degree felony as provided for in \$,817,155, F.S.
	constitutes a third degree felony as provided for in s. 817.155 , F.S. KENNETH LOED STELL
	Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)