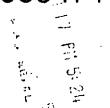
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(Cı	ity/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
	ocument Number)	· .
(Di	ocament Namber)	
Certified Copies	Certificates o	of Status
Special Instructions to Fi	lina Officer:	
<b>'</b>	3	

Office Use Only



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## COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT	Myers Box	Tile UC	
	Name of Lim	ited Liability Company	
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.	
Please retur	n all correspondence concerning this mat	ter to the following:	
	Hunter 1	Myers Name of Person	<u>.                                    </u>
		Boy Tile UC Firm/Company	
	23 W	Address Dr	
	Sopchoppy	, FL 32358	
_	50 calz	ty/State and Zip Code  123, In @ gnair  for future annual report notification	Com
r e a r			on)
ror lurther ii	iformation concerning this matter, please		
	Name of Person Ar	ea Code Daytime Telephone	Number
Enclosed is	a check for the following amount:		
□\$125.00	Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	2\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address New Filing Section Di	wision
	New Filing Section Division of Corporations	The Centre of Tallaha	
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Stree Tallahassee, Fl. 3230.	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Myers Boy Tile LLC
 Myers voy like Lice
(Must contain the words "Limited Liability Company, "L.L.C" or "LLC.")

Principal Office Address:	Mailing Address:
23 Williams Dr	23 Williams De
Superior 72558	Superhoppy FL 31358
. 47	

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 are:

Hunter Myers

Name

23 W. lians Dr

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

56pchoppy FL 32358

City State Zip

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 OCT 17 PM 5: 24

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MiGR

Hunter Myers 23 Williams Dr

Sopehoppy FL 32358

(Use attachment if necessary)

<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.

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

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.

Hunter Myers

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)