

**Florida Department of State  
Division of Corporations  
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(((H22000361432 3)))



H220003614323ABCK

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BARRON & REDDING, P.A.  
Account Number : 073617000710  
Phone : (850)785-7454  
Fax Number : (850)785-2999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SOUTHERN FAWN & CO. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 OCT 24 PM 4:38

22 OCT 24 PM 12:35  
SOUTHERN FAWN & CO. LLC  
FALABASSER, L.L.C.

Fax Audit No. H22000361432 3

**ARTICLES OF ORGANIZATION FOR  
SOUTHERN FAWN & CO. LLC****ARTICLE I  
NAME**

The name of the limited liability company is **SOUTHERN FAWN & CO. LLC**

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

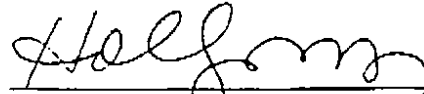
Principal Office Address  
840 Hwy 20  
Youngstown, FL 32466

Mailing Address  
840 Hwy 20  
Youngstown, FL 32466

**ARTICLE III  
REGISTERED AGENT**

The name and Florida street address of the registered agent is Barron & Redding, P.A., 220 McKenzie Avenue, Panama City, FL 32401.

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as a registered agent as provided for in Chapter 605, F.S.

  
Holly Melzer, Esq.  
Authorized Agent

**ARTICLE IV  
MANAGEMENT**

The name and address of the Authorized Member is as follows:

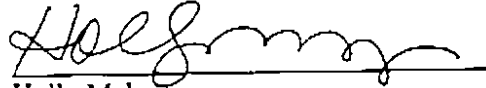
Kayla Hobbs  
840 Hwy 20  
Youngstown, FL 32466

22 OCT 24 PM 12:35  
BARRON REDDING  
PANAMA CITY, FL 32401

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Fax Audit No. H22000361432 3

*In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.*



Holly Melzer  
Authorized Agent

11:17  
22 OCT 24 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. H22000361432