Laa000461648

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

Office Use Only



500396164415

S. CHATHAM 0CT 2 8 2022

10/31/32--01001--006 **125.00

andreinay of Simi

RECEIVED

SECRETA SECTION OF BUILDING SECTION OF BUILDING SECTION OF BUILDING SECTION OF SECTION O

COVER LETTER

| TO: | New Filing Sec Division of Cor | | | | |
|----------|-----------------------------------|--|---------------|--|---|
| GI ID | | usiness, LLC | | | |
| SUBJI | ECI: | Name of L | imited Liabil | ity Company | |
| The en | closed Articles of | Organization and fee(s) a | ere submitted | I for filing. | |
| Please | return all correspo | ondence concerning this r | natter to the | following: | |
| | Abel A. Puti | 1 2 m | | | |
| | | | Name of | Person | |
| | Putnam & C | reighton, PA | | | |
| | | | Firm/Co | ompany | |
| | PO Box 354 | 5 | | | |
| | - | | Add | ress | |
| | Lakeland, Fl | L 33802 | | | |
| | | | City/State ar | nd Zip Code | |
| | aap@putnam | | 15 5 | | |
| | | E-mail address: (to be use | a for future | annuai report nouticau | ion) |
| For furt | her information co | ncerning this matter, plea | se call: | | |
| | Abel A. Putn | am at (| 863 | 682-1178 | |
| | Nam | ne of Person | Area Code | Daytime Telephon | e Number |
| Euglas | and is a shoot four | ha Callaniana amanat | | | |
| | 5.00 Filing Fee | he following amount: \$130.00 Filing Fee of Certificate of Status | Certif | i5.00 Filing Fee & ied Copy nal copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Divisi | ng Address illing Section on of Corporations Box 6327 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre | ivisìon ass ee |
| | Tallah | assec, FL 32314 | | Tallahassee, FL 3230 | 3 |

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| ERTMR BUSINESS | S, LLC | | | |
|--------------------|--------------|-------------|------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | i | ļ | |
| | | | | Art of Inc. File |
| | | | — <u> </u> | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | ' | <u> </u> | Merger File |
| | | 1 | | Art, of Amend, File |
| | | | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | <u> </u> | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | | | | Fictitious Owner Search |
| | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by: SETH | 10/25/22 | | | UCC 1 or 3 File |
| Name | Date | Time | | UCC 11 Search |
| | | | | UCC 11 Retrieval |
| Walk-In | Will Pick Up | | | Courier |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ERTMR Busin | ess, LLC st contain the words "Limited | Liability Company, | "L.L.C.," or "LLC.") | |
|---------------------------|---|---|--------------------------------|----------------|
| ARTICLE II - Address: | treet address of the principal of | | | |
| - | rincipal Office Address: | | Mailing Address: | |
| 5007 Truman I | Ln | | Truman Ln | |
| Lakeland, FL | 33812 | Lake | land, FL 33812 | |
| - | ed Agent, Registered Office, | | | |
| | | | | |
| another business entity w | ith an active Florida registrati- | on.) | You must designate an individu | al or |
| another business entity w | ith an active Florida registrati- street address of the registere | on.) d agent arc: | You must designate an individu | al or |
| another business entity w | ith an active Florida registrati- | on.) d agent arc: | You must designate an individu | |
| another business entity w | ith an active Florida registration street address of the registere <u>Tisa McNeil-Robins</u> | on.) d agent are: | You must designate an individu | |
| another business entity w | ith an active Florida registration street address of the registere <u>Tisa McNeil-Robins</u> 5007 Truman Ln | on.) d agent are: | You must designate an individu | 22 0 CT |
| another business entity w | ith an active Florida registration street address of the registere <u>Tisa McNeil-Robins</u> 5007 Truman Ln | on.) d agent are: on Name | You must designate an individu | 22 OCT 28 |
| another business entity w | street address of the registere Tisa McNeil-Robins 5007 Truman Ln Florida street addre | on.) d agent are: son Name ss (P.O. Box <u>NOT</u> ac | You must designate an individu | 22 OCT 28 |

(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 Tisa McNeil-Robinson 5007 Truman Ln Lakeland, FL 33812 **MGR** Eddie L. Robinson, Jr. 5007 Truman Ln Lakeland, FL 33812 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: 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. REQUIRED 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. 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.

Tisa McNeil-Robinson

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)