122000509626

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
(50	cument Number	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEELFI ORIOZ

2022 NOV 22 PH 13:

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJEC	Down Range Mortgage, LLC			
NOBJEC	CT:Nan	e of Limited Lia	bility Company	
The encl	osed Articles of Organization and	ee(s) are submit	ted for filing.	
Please re	turn all correspondence concerning	this matter to t	he following:	
	Richard Lincoln Lightle			
		Namo	of Person	
	Down Range Mortgage, LLC			
		Firm	/Company	
	344 hedgerow Ln			
		۸	ddress	
	Tarpon Springs, FL 34688			
	rllightle@aol.com	City/State	and Zip Code	
		be used for futu	re annual report notificat	tion)
For furthe	r information concerning this matte	r, please call:		
	Richard Lincoln Lightle	727 at (422-1169	
	Name of Person		e Daytime Telephor	ne Number
Enclosed	f is a check for the following amou	nt:		
	00 Filing Fee ■\$130.00 Filin Certificate of St	g Fee & □! atus Ce	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	_J\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee	
P.O. Box 6327 2415 N. Monroe Street, St				
Tallahassee, FL 32314			Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Down Range Mo		. 1 . 12	7 1 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(Must	contain the words "Limited Li	iability Company, "	L.L.C., or "LLC.")	
ICLE II - Address: nailing address and stro	eet address of the principal off	ice of the Limited I	Liability Company is:	
Pris	ncipal Office Address:		Mailing Address:	
344 Hedgerow L	,n	344 H	ledgerow Ln	
Tarpon Springs.	FL 34688	Tarpo	on Springs, FL 34688	
imited Liability Comprobusiness entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a	Registered Agent. Y .) agent are: c	t's Signature: 'ou must designate an individual or	
Limited Liability Com er business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a Richard Lincoln lightle	Registered Agent. Y) agent are:	t's Signature: 'ou must designate an individual or	
Limited Liability Com er business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a Richard Lincoln lightle	Registered Agent. Y .) agent are: c Name	t's Signature: 'ou must designate an individual or	
Limited Liability Com er business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a Richard Lincoln lightle	Registered Agent. Y .) agent are: c Name	t's Signature: 'ou must designate an individual or	
Limited Liability Com er business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a Richard Lincoln lightle	Registered Agent. Y .) agent are: c Name	t's Signature: ou must designate an individual or	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager	cr
	n'aband the de tinhole
AMBR	Richard Lincoln Lightle 344 hedgerow Ln
	Tarpon Springs, FL 34688
AMBR	Paula Jean Lightle
	344 hedgerow Ln
	Tarpon Springs, FL 34688
	_
(11) a mean share and if a man are more	P: N T
(Use attachment if necessary)	85 2
RTICLE V: Effective date, if other tha	an the date of filing: 1 January 2023 (OPTIONAL):
If an effective date is listed, the date n	nust be specific and cannot be more than five business days prior to or 90 asys after
to a disk of the Citizen Y	
Note: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not colisted
the document's effective date on the De	epartment of State's records.
ARTICLE VI: Other provisions, if any.	
TRITE LE VI. Other provisions, if any.	
	1 1000
REQUIRED SIGNATURE:	-/////////////////////////////////////
_	That the last
Signatu	re of a member or an authorized representative of a member.
This documen	it is executed in accordance with section 605,0203 (1) (b), Florida Statutes.
	at any false information submitted in a document to the Department of State
constitutes a th	nird degree felony as provided for in s.817.155, F.S.
Diahar	d Lincoln Lightle
Kichare	Typed or printed name of signee

Filing Fccs:

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