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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
360 GF10.19, LLC	
(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:
360 GRAY FARM RD.	P.O. BOX 802
HAVANA, FL 3) 733	HAVANA, FL 32333

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:

ARTICLE 1 - Name:

FRED I	NGLEY	
	Same	
360 GRAY	FARM	RD.
Florida street address (· · · · · · · · · · · · · · · · · · ·
HAVANA	FL	34333
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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JAN 13 PM 10: 26 SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	9 **** ********************************
MGR	FRED INGLEY
	HAVANA, FL 32333
MGR	ANDREW FRED INCLEY
	CHECAGO, THE 60604
	
(Use attachment if necessary)	
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CLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: 11 JANUARY 1023(OPTIONAL) t be specific and cannot be more than five business days prior to or 90 day
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department's ELEVI: Other provisions, if any. LEVI: Other provisions, if any. LAWFUL BUSINESS REOUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	ARTICLE IV f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. y false information submitted in a document to the Department of State

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