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SECRETARY DI SIN

## COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: LRIC J. PHILLIP.S. LLC  Name of Limited Liability Company  ———————————————————————————————————
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRIC JEROME PHILLIPS Name of Person
Firm/Company
2297 TITATE CIR
NAVAGRE FL 32566 For 23
For further information concerning this matter, please call:  ### ### ###########################
For further information concerning this matter, please call:
FUC J. PHTULES at (850) 376-5330  Name of Person Area Code Daysime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee.  Certificate of Status
Mailing Address  New Filing Section  New Filing Section Division
Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name: The name of the Limited Liability Company is:	
ERIC J. PHILLIPS (Must contain the words Limited Liability)	y 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:
2297 ESMITE CIL	NEVARLE FL 32566
NAVAGE FL. 32566	NAVAKKE FL 32566
2217 EST Florida street address (P.O.	are:  HILLED 5  e  Box NOT acceptable)
NAVALLE	FL 32566 State Zip Ex 23
Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	rocess for the above stated limited liability compared the nt as registered agent and agree to act in this caption. I to the proper and complete performance of my dufficund to stered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Mei "MGR" = Manager	ber	
N 6 N	Free TO PHILLEDS	
10 R MC	2297 FSMJE CIR	
	NAVARRE FL 3256	<b>4</b>
		<u> </u>
(Use attachment if necessar		
N 1137 - 1175 - ilin data ili otho	than the date of filing:	. (OPTIONAL)
He v: Enective date, it office ffective date is listed, the dat	e must be specific and cannot be more than five busin	ess days prior to or 90 days
If the date inserted in this blo	ck does not meet the applicable statutory filing requires	ments, this date will not be us
cument's effective date on the	Department of State's records.	
CLE VI: Other provisions, if a	y.	-
		<u> </u>
		<u> </u>
		HA 68
REQUIRED SIGNATUR	E: _ /) _/) /	-3 (SS)
	E: Phille	SET SET
REQUIRED SIGNATUR	J. Charles	of a member.
REQUIRED SIGNATUR	nture of a member or an authorized representative o	of a member. The second of the state of the
REQUIRED SIGNATUR Sign This docu	J. Philips	of a member. 1) (b), Florida Statutes. he Department of Statutes.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)