L23000072504

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

Office Use Only



100400895251

r -- 7 01/30/23--01024--023 **157.00

123 J.L. 30 PM 12: 28

; .

COVER LETTER

		. CR CETTER	
	lew Filing Section livision of Corporations		
SUBJECT	r: Laymon's 3	Enterprises mited Liability Company	LLC.
The enclos	sed Articles of Organization and fee(s) as	re submitted for filing.	
Please retu	irn all correspondence concerning this m	atter to the following:	
	Jose H Gr	V12HUZ Name of Person	
		Name of Person	
		Firm/Company	
	2741 Pichford	(lic	
		Address	
	Approx fr	37.703	
	From show	City/State and Zip Code	(000
	E-mail address: (to be used	for future annual report notificat	
For further i	nformation concerning this matter, pleas	e call:	
	box Congrater aic.	32(, 388 18	46
		rea Code Daytime Telephon	e Number
Enclosed is	s a check for the following amount:		
□\$ 125.00	Filing Fee \$\textsquare\textsquar	☐\$155.00 Filing Fee & Centified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	20
	New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha	ivision 😂

P.O. Box 6327

Tallahassee, Fl. 32314

3 Jak 35 P#12: 28

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
LAUMON'S Must contain the	3 Ante Price words "Limited Liability (Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	s of the principal office of th	ne Limited Liability Company is:		
Principal Off	lice Address:	Mailing Address:		
2241 Dich-ford	1. Cr 2703	2241 Pichfied (Append for 3270)	3	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active	ot serve as its own Registere	ered Agent's Signature: ed Agent. You must designate an individual	l or	
The name and the Florida street addres	ss of the registered agent are	94 22		
7	me H Gonz	valez		
	Name	0.5.0		
Flo	orida street address (P.O. Bo	x NOT acceptable)	•	
: A	anta f	37.703		
	City State	te Zip		
place designated in this certificate, I here further agree to comply with the provision	eby accept the appointment as ons of all statutes relating to th ons of my position at registere	ress for the above stated limited liability comps registered agent and agree to act in this case the proper and complete performance of my red agent as provided for in Chapter 605, F.S. It's Signature (REQUIRED)	apacity. I duti es, and l	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MER	VOC GUNZALEZ
	4000 vot - 61 32703
n.m20	
HINDE	Trans Governous
	Apol A - 17 32703
Ans DP	Shami I Jodan
	5711 Hige Fire
	VH202154 47 37772
(Use attachment if necessary)	. 7 20
RTICLE V: Effective date, if other than the da	te of filing: ANI CITY 25th 2023 (OPTIONAL)
If an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days after
he 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
he document's effective date on the Departmen	nt of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	<i>Francisco de la companya dela companya dela companya dela companya de la company</i>
()	
Signature of a n	nember or an authorized representative of a member.
I am aware that any fal	utod in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
constitutes a third degr	ee felony as provided for in s.817.155, F.S.
JOSE +	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)

ARTICLE IV-

2023 JAH 3U PH 12: 20