# L23000081842

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

TO: New Filing Section Division of Corporations		
SUBJECT: OCC 1. CONT.	essure WCISI mited Liability Company	1LLC
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following	
Venundriss Jo	Name of Person	
San Rad Pressu		·
2423 Beaver	Drook Pl. Address	11,0 2
Jacksonville,	FL 32254 City/State and Zip Code	3 FEB -6
Sanrapressurew		DM 32 3
For further information concerning this matter, pleas	e call:	06
Raymond Hill at (at (at (at (	813 ) (082 - 72 trea Code Davtime Telephon	596 Number
Name Of Ferson A	area Code Daytine Telephon	e Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee V\$130.00 Filing Fee & Certificate of Status	□\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Moding Address	Company & didungui	

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. 11(1) // // // // // // // // // // // // //	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The same of the sa		
ARTICLE I - Name: The name of the Limited Liability	Company is:				
Sanf	Rod Pressure	0 M	ash LLC		
(Must conat	in the words "Limited Liab	oility Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal office	e of the Lin	nited Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Addi	ress:	
21123 Beave Jacksonville	(brock Pl. ,FL 3225H	<u> </u>	2023 Beaverbro Jacksonville, FL	20k Pl. - 3225+	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac- The name and the Florida street ac-	cannot serve as its own Regetive Florida registration)  ddress of the registered age	gistered Agent are.	ent. You must designate an in	dividual or	
	Veaundoiss		insun		
	2623 Beau Florida street address (P.	O. Box <u><b>NC</b></u>	<u>) T</u> acceptable)	23 FEB - SECRULATAL	7
	Jacksonville City	e <sub>J</sub> FL State	32254 Zip	6 AM	ון כ
laving been named as registered as dace designated in this certificate, l wither agree to comply with the pro im familiar with and accept the obli	hereby accept the appoint visions of all statutes relativing gations of my position as re	ment as regi ng to the pr egistered ag	istered agent and agree to act oper and complete performan	in this capacity-1 $\sigma$ ce of my duties, and I	

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager $\frac{AMBRJMGR}{}$	Vegundriss Johns	<u> </u>
AMBR/MGR	Raymond Hill 21,23 Brayerbrock pl. Jacksmyille, Fl 32254	
<del></del>		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the d		23 FEB SECRE LAL) OPTION
If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	ot meet the applicable statutory filing requirer	ments, this date will hot be fisted as
ARTICLE VI: Other provisions, if any.		2. <b>06</b>
REQUIRED SIGNATURE:	Raymond	Hill

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.

eaumn's Johnson Raymond
Typed or printed name of signer

Filing Fees:

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

✓S 5.00 Certificate of Status (Optional)