L23000133170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 23 2023

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MicroWorks Systems L.L.C.
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:

Scott M. Gray
Name of Person

—
Firm/Company

P.O. Box 586
Address

Carrabelle FL. 32322
City/State and Zip Code

1606vet@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Scott M. Gray at (817) 714-1615
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee ☐$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)

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

RTICLE I - Name:
he name of the Limited Liability Company is:

Microworks Systems L.L.C.
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

RTICLE II - Address:
he mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1606 Bayou Drive Carrabelle, FL. 32322	P.O. Box 586 Carrabelle FL. 32322

RTICLE 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 other business entity with an active Florida registration.)

he name and the Florida street address of the registered agent are:

Scott M. Gray
Name

1606 Bayou Dr.
Florida street address (P.O. Box NOT acceptable)

Carrabelle FL. 32322
City State Zip

ving been named as registered agent and to accept service of process for the above stated limited liability company at the ce designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I e familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Scott M. Gray
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Pres.	Scott M. Gray 1606 Bayou Pl. Carrabelle, FL 32322
Sec.	Julie S. Gray

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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 the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE: Scott M. Gray

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.

Scott M. Gray
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)

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