La3000 a 18583

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
DICK ISD. DAMATE COLUMN
PICK-UP WAIT MAIL
(Business Enlity Name)
(Document Number)
.lopies Certificates of Status
Hinstructions to Filing Officer:

Office Use Only



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COVER LETTER

	ling Section n of Corporations		
SUBJECT:	Antoine Name of Lin	ited Liability Company	Service, LLC
The enclosed Art	icles of Organization and fee(s) are	submitted for tiling.	
Please return all o	correspondence concerning this ma	tter to the following:	
	2	Name of Person	sine
		Firm/Company	.
		_	
	1215 8	· Plant - S	205 FIA to
	_	\mathcal{C}	.
	Winter	GACIEN ity/State and Zip Code	FL 34787
	. \	H @ Gm ~ 1	
	,	for future annual report notification	
For further inform	ation concerning this matter, please	·	
1 of fattier morns	ation concerning this matter, prease	can.	
Aut	oine Josephan	,	
		rea Code Daytime Telephone	: Number
Enclosed is a che	ck for the following amount:		
□\$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	CS155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Div The Centre of Tallaha	
	P.O. Box 6327	2415 N. Monroe Stree	
	Tallahassee, Fl. 32314	Tallahassee, FL 32303	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

entoine To	ucking ?	Beruice,	LLC
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," o	or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability C	'ompany is:	
•	•	, ,	
TRUCKE II - Address: The mailing address and street address of the principal office Principal Office Address:	•	ompany is:	

1215 E. F. Winter G	7 aut - St N7 206 Arben Fl 34787	SAMZ	SECHL	2023 HAY
	Registered Office, & Registered Agent's Si- not serve as its own Registered Agent. You m e Florida registration.)			-3 PH 4:
he name and the Florida street addr	ess of the registered agent are: Separate	sine	· · ·	28
_	1215 E. Paut - londa street address (P.O. Box <u>SOT</u> accepta	ble)	206	
_	City State	<u>34)</u> も) - Zin		

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Joseph Antoin
	1215 E. Plant - St A winter Garpen FL 34
···	
	
(Use attachment if necessary)	نبا
ective date is listed, the date must be s of filing.)	e of filing:

REQUIRED SIGNATURE:

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.

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)