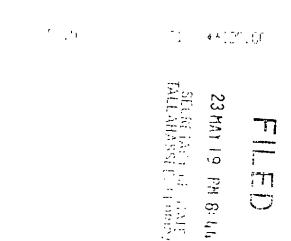
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Special Instructions to Filir	ng Officer:	
		

Office Use Only



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COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT:	le Stop	Lift Stations mited Liability Company	LLC		
	Name of Li	mited Liability Company	/	,	
	•				
The enclosed Articles of	Organization and fee(s) a	re submitted for filing.			
Please return all corresp	undence concerning this m	natter to the following;	•	:	
	Jacob car	nady	• • • • • • • • • • • • • • • • • • • •	•	
:	Jacob car	Name of Person			
	one Stop	1.ft Station 5 Firm/Company		<u> </u>	
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l	i-mail address; (to be used	for future annual report notificat	ion) : .	9	
or further information co	neerning this matter, please	e call:	•		
•			7 *	91 F1	
Jacob Co	annady al(904) 305 - 0949 ren Code Daytime Telephon	9 .	목의 🚛	
Nam	e of Person A	ren Code Daytime Telephon	ne Number	•	
Enclosed is a check for the	ne following amount:				
	Z\$125.00 Filing Fee S130.00 Filing Fee & S155.00 F Certificate of Status Certified Copy (additional copy		Certificate of Status &		

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Principal Office Address: Mailing Address: Mailing Address:	On	e Stop L	1+5+G	tions 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:	(Must	contain the words "Limite	d Liability Comp	pany, "L.L.C.," or "LLC.")		 ·	
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:	· · · · · · · · · · · · · · · · · · ·	:					
ARTICLE 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 another business entity with an active Florida registered agent are: Jacob Canady	The mailing address and stro	ect address of the principal	office of the Lin	nited Liability Company is:	•	•	·
ARTICLE 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 another business entity with an active Florida registered agent are: Jacob Canady	Pri	ncipál Office Address:		Mailing Ad	dences		
ARTICLE 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 another business entity with an active Florida registered agent are: Jacob Canady		•	·	-	<u>''</u>	i	
ARTICLE 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 another business entity with an active Florida registered agent are: Jacob Canady	Jacksonville	FL 32326	 .	Jacksonville FL 3	226		٠
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: Jacob Canady Name	· ·	·				 !	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: Jacob Canady Name	ARTICLE III - Registered	Agent Registered Office	. 6 1) - :				
The name and the Florida street address of the registered agent are: Jacob Canady Name	(The Limited Liability Come	Agent, Registered Office	i, & Registered /	Agent's Signature:			
The name and the Florida street address of the registered agent are: Jacob Canady Name	another business entity with	an active Florida registrat	n Registered Age	ent. You must designate an	individual or		
Sacob Canady Name 14820 marsh gnd Cf	,,	an non-or normal registract	ion.)				
Sacob Canady Name 14820 marsh gnd Cf	The name and the Florida str	eet address of the registere	ed agent are:				
Florida street address (P.O. Box SOT acceptable) Jethsonville FL 37.226 City State Zip daving been named as registered agent and to accept service of process for the above stated limited liability company at the dace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I: In familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.		Tara	_	1,			
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"AMBR" = Authorized Mer	nber	Name and Add	ress:			
"MGR" = Manager			•			
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JMGR.		Total com	1	<i>‡</i>		
·		14820 Marshian	1/61			
		Jackonville, PL	32226	:		
amBR		Tabatha Can	nadv	į	-	
· · · · · · · · · · · · · · · · · · ·		JELKSONVILLE, FL	and cr		•	
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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)