

L23000294370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

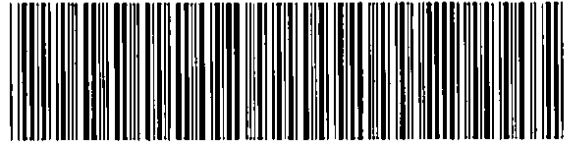
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800409385838

06/02/23 - 01020 - 014 \*120.00

SECRETARY OF STATE  
FALL ARREST

23 JUN - 2 AM 10:08

FILED

TO: New Filing Section  
Division of Corporations

SUBJECT: SAWYER SERVICES LLC  
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:

THE REV. ALICE SAWYER  
Name of Person

SAWYER SERVICES LLC  
Firm/Company

4350 GUSTY TERRACE  
Address

PENSACOLA, FL 32503  
City/State and Zip Code

SAWYERSERVICES323@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICE SAWYER at 850 206-7778  
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

23 JUN -2 AM 10:08  
SECRET  
TALLAHASSEE, FL 32303

FILED

ARTICLE I  
The name of the Limited Liability Company is:

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

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4350 GUSTY TERRACE  
PENSACOLA FL 32503

**Mailing Address:**

SAME AS PRINCIPAL

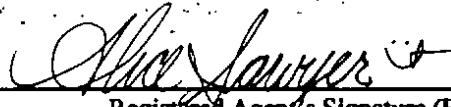
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

REV. ALICE SAWYER  
Name  
4350 GUSTY TERRACE  
Florida street address (P.O. Box **NOT** acceptable)  
PENSACOLA FL 32503  
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar 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)

23 JUN -2 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

MGR/AMBR

MGR/AMBR

**Name and Address:**

ANDREW SAWYER

5500 HOME VALLEY DR. APT 1202  
RALEIGH, NC 27612

BRENT SAWYER

5500 HOME VALLEY DR. APT 1202  
RALEIGH, NC 27612

MEGAN EVANS

10100 ROCK HOLLOW RD. APT 307

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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:**



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.

ANDREW SAWYER

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)

FILED  
2 JUN -2 AM 10:08  
TALLAHASSEE  
STATE OF FLORIDA  
DEPARTMENT OF STATE