

L23000374441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

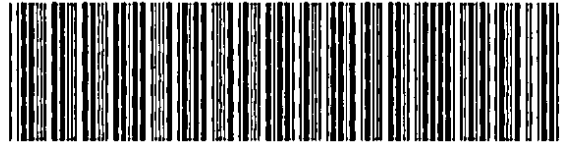
(Document Number)

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2023 AUG 10 AM 8:42  
CLERK OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SMOKED'EM TAXIDERM MY & SKULLWORKS 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:

JEFFREY M. WARD

Name of Person

SMOKED'EM TAXIDERM MY & SKULLWORKS LLC

Firm/Company

POST OFFICE BOX 13265

Address

FORT PIERCE, FL 34979

City/State and Zip Code

BOWHUNTER-74@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF WARD at (772) 216-0219  
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

2023 AUG 10 AM 8:42  
TALLAHASSEE, FL  
STATE

6 17, 18, 19

ARTICLE NO. 606, ANIZI, 30N COR. 1100000, PHILIPPIAN LABOR COMPANY

ARTICLE 11. Name

The name of the company is \_\_\_\_\_.

ARTICLE 12. Address

The company is located at \_\_\_\_\_.

ARTICLE 13. Address

The mailing address of the company is \_\_\_\_\_.

Principal Office Address

Mailing Address

1285 S. Jenkins Rd  
PO Box 1000000

PO Box 1000000  
PO Box 1000000

ARTICLE 14. Registered Agent, Registered Office, & Registered Agent's Signature

The registered agent of the company is \_\_\_\_\_.

The name and title of the registered agent is \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

The address of the registered agent is \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Registered Agent's Signature (by QUBED)

IF CONTINUED

FILED  
2023 AUG 10 AM 8:42  
SEC  
TALLAHASSEE, FL

**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:**

MGR \_\_\_\_\_

JEFFREY M WARD  
POST OFFICE BOX 13265  
FORT PIERCE, FL 34979

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/30/2022. (OPTIONAL)

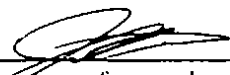
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

JEFFREY M WARD

\_\_\_\_\_  
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)

\$ 5.00 Certificate of Status (Optional)

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STATE  
TALLAHASSEE, FL

FILED