L23000438554

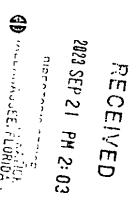
(Requestor's Name)	
(Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
		:
	 	





900415889079

05/21/23--01001---028 **125.00





CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

CERTIFIED COPY SS XX PHOTOCOPY GS XX FILING LLC ANTONIO WAY, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)		PICK U	P: _	BROOK 9/21	
CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)		CERTIFIED COPY	 		
ANTONIO WAY, LLC (CORPORATE NAME AND DOCUMENT #)	XX	РНОТОСОРУ			
ANTONIO WAY, LLC (CORPORATE NAME AND DOCUMENT #)		GS			
(CORPORATE NAME AND DOCUMENT #)	XX	FILING	LLC		
(CORPORATE NAME AND DOCUMENT #)	Ā	ANTONIO WAY, LLC			
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)			ENT #)		<u>.</u>
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)					
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	((CORPORATE NAME AND DOCUME	ENT #)		-
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)					
(CORPORATE NAME AND DOCUMENT #)	((CORPORATE NAME AND DOCUME	ENT #)		
(CORPORATE NAME AND DOCUMENT #)					
	((CORPORATE NAME AND DOCUME	ENT#)		
(CORPORATE NAME AND DOCUMENT #)	((CORPORATE NAME AND DOCUME	ENT #)		
(CORPORATE NAME AND DOCUMENT #)	-				
	((CORPORATE NAME AND DOCUME	ENT #)		
	STRUC				

ARTICLES OF ORGANIZATION FOR ANTONIO WAY, LLC

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: Antonio Way, LLC (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

35502 Butts Landing Dade City, FL 33525

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is One Lake Morton Drive, Lakeland, Florida 33801, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV - MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

Ben R. Turner 35502 Butts Landing Dade City, FL 33525

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of
IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this In accordance with Section 605.0201 of the Act, the
execution of these Articles of Organization constitutes an affirmation under the penalties of
perjury that the facts stated herein are true.
Ben R. Turner

Ben R. Turner, Organizer

c. ;

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

Antonio Way, LLC

2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire One Lake Morton Drive Lakeland, Florida 33801

Bun K. Turner

Ben R. Turner, Organizer

9/21/2023

DATE

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.

Docusigned by: Keith C. Smith	
DC04D4DED82D404	
KEITH C. SMITH, ESQUIRE	
9/21/2023	r .
DATE	— بر ا