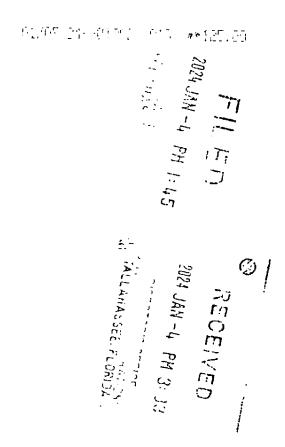
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	(Requestor's Name)	
	(Address)	
 	(Address)	
	(City/State/Zip/Phone #)	
	(City/Otate/Zip/r Hotic #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Business Entity Humby	
 	(Document Number)	
Centified Copies	Certificates of St	atus
Special Instructions to	Filing Officer:	-

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COVER LETTER

TO:	New Filing Sec Division of Co				
e1:b11	Joe Billy's,				
SUBJE	CT:		Limited Lia	bility Company	
The en	closed Articles of	Organization and fee(s) are submitt	ed for filing.	
Please	return all correspo	ondence concerning this	matter to th	e following:	
	Daniel Man:	ausa			
			Name	of Person	
	Manausa Sh	aw Minacci			
			Firm	Company	
		age Blvd, Suite 100			
			Ac	ldress	
	Tallahassee.	FL 32308			
			City/State	and Zip Code	
	Danny@mana				
		E-mail address: (to be u	sed for futur	e annual report notificati	ion)
For furth	er information co	ncerning this matter, pl	case call;		
	Katie Rae	at	850 (597-7616	
	Nan	ne of Person		Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
≘ \$125	5.00 Filing Fee	□\$130.00 Filing Fed Certificate of Status	Cen	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ig Address		Street Address	
	New F	iling Section		New Filing Section D	
		on of Corporations lox 6327		The Centre of Tallaha 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Joe Billy's, LLC				
(Must ed	ontain the words "Limited Lia	ability Company, '	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal offic	ce of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
115 E Gorrie Dr.		1151	E Gorrie Dr.	
Saint George Island, FL 32328			Saint George Island, FL 32328	
Saint George Islan ARTICLE III - Registered A	Agent, Registered Office, & my cannot serve as its own Ro	Registered Agen	t's Signature:	
Saint George Islan ARTICLE III - Registered A (The Limited Liability Compa	Agent, Registered Office, & my cannot serve as its own Ro n active Florida registration.) et address of the registered ag	Registered Agen egistered Agent. \(^{\)	t's Signature:	
Saint George Islan ARTICLE III - Registered 7 (The Limited Liability Components of the business entity with a	Agent, Registered Office, & any cannot serve as its own Ro n active Florida registration.) et address of the registered ag Daniel E. Manausa	Registered Agent egistered Agent. N) gent are:		
Saint George Islan ARTICLE III - Registered 7 (The Limited Liability Components of the business entity with a	Agent, Registered Office, & any cannot serve as its own Ro n active Florida registration.) et address of the registered ag Daniel E. Manausa	Registered Agen egistered Agent. \(^{\)	t's Signature:	
Saint George Islan ARTICLE III - Registered 7 (The Limited Liability Components of the business entity with a	Agent, Registered Office, & my cannot serve as its own Rom active Florida registration.) et address of the registered agential E. Manausa 1701 Hermitage Blvd, S	Registered Agent egistered Agent. N) gent are: Name Suite 100	t's Signature: 'ou must designate an individu	
Saint George Islan ARTICLE III - Registered 7 (The Limited Liability Components of the business entity with a	Agent, Registered Office, & any cannot serve as its own Romactive Florida registration.) et address of the registered against E. Manausa	Registered Agent egistered Agent. N) gent are: Name Suite 100	t's Signature: 'ou must designate an individu	
Saint George Islan ARTICLE III - Registered 7 (The Limited Liability Components of the business entity with a	Agent, Registered Office, & my cannot serve as its own Rom active Florida registration.) et address of the registered agential E. Manausa 1701 Hermitage Blvd, S	Registered Agent egistered Agent. N) gent are: Name Suite 100	t's Signature: 'ou must designate an individu	

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..

(CONTINUED)

2024 MAY 4 PM 1:45

ARTICLE IV-

• , • • ,

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
_	David o Carda
MGR	Brandon Seagle 115 E Gorrie Dr.
	Saint George Island, Fl 32328
	41.
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date in the date i	ate of filing:
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.)	or meet the applicable statutory filing requirements, this date will not be listed a
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) : If the date inserted in this block does not ocument's effective date on the Departme	or meet the applicable statutory filing requirements, this date will not be listed a
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) : If the date inserted in this block does not ocument's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
ICLE V: Effective date, if other than the date effective date is listed, the date must be late of filing.) If the date inserted in this block does not ocument's effective date on the Departme ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa	or meet the applicable statutory filing requirements, this date will not be listed a
ICLE V: Effective date, if other than the date effective date is listed, the date must be late of filing.) If the date inserted in this block does not ocument's effective date on the Departme ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

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)