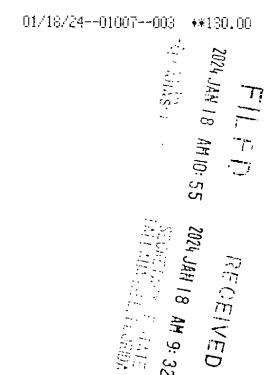
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400418436534



# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Webster Walter Sewes
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricky W Wilstan Name of Person
Name of Person
Firm/Company
Address
City/State and Zip Code  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee

# **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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	L	E	ı	-	N	a	me	:

The name of the Limited Liability Company is:

Mehster's Manual C. Service of LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

Zip

### **ARTICLE II - Address:**

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

City

**Principal Office Address:** 

OCKTI (-0 Have

Harare	F/ 30322	
ARTICLE III - Registered Ag (The Limited Liability Compan	gent, Registered Office, & Register y cannot serve as its own Registered	red Agent's Signature: I Agent. You must designate an individual or
another business entity with an The name and the Florida street	active Florida registration.)  address of the registered agent are:	j _ <del>-/-</del>
	Name	
	796+LGAH	WY Hawarda FL 32333

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..

Florida street address (P.O. Box NOT acceptable)

State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> " <u>A</u> MBR" = Authorized N	Mamber
"MGR" = Manager	Ricky 11/ Webster
BHMPK	
A. A.	usk =
Visherlle (	) <u>Nashville C'Webster</u>
$\infty$ 100	
MAK	Bankara & Webste
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CV: Effective date, if other tive date is listed, the diffiling.)  the date inserted in this beant's effective date on the course of the cours	her than the date of filing:

as

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

ARTICLE IV-