Ll4000072503

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

Office Use Only



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CORPORATE ACCESS, _____

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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		
XX	РНОТОСОРУ		
	GS		
XX	FILING	LLC	
ľ	M. DAVEY MANAG	EMENT LLC	
(1	CORPORATE NAME AND DO	DCUMENT #)	
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	CORPORATE NAME AND DO	CUMENT #)	

COVER LETTER	
TO: New Filing Section Division of Corporations	
SUBJECT: M. DAVELY MONOGEMENT IV. 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:	
Megnan Davey	
M. Davey Management UC Firm/Company	
5100 Lavers Cir #348	.~~
Delvay Boach FL 133444	
City/State and Zip Code MAAVOLA9310 Q A MAIL COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Meg nan Davely at 518 U81 - 2113 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	Ü
\$125.00 Filing Fee \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Co	ompany is:			
	M. Davey M	lanagement	WC	
(Must contain t	he words "Limited Liability C			_
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the	e Limited Liability Con	npany is:	
Principal C	Office Address:	<u>M</u> :	illing Address:	
5100 Lavevs (Delyay Beach	ir #348 FL 33444	Sleo Lavel Delray B	s Cir #348 each Fl,33444	- -
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	not serve as its own Registere			
The name and the Florida street add	ress of the registered agent are	:		
_	Meghan +	aveu		
	J Name	,		
_	500 LAVEYS CIY The Florida street address (P.O. Bo	* 348 ox NOT acceptable)		
9	Jelvav Brach F	L 3344	44	
_	City Star	e Zip		
Having been named as registered age place designated in this certificate, I h further agree to comply with the provi am familiar with and accept the obliga	ereby accept the appointment a sions of all statutes relating to t	s registered agent and the proper and complete	agree to act in this capaci performance of my dutie	ity. I
	Modaw Registered Ager	nt's Signature (REQUIR		
	(CONT	INUED)	(A)	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MCP	Meghan Invey
	Selvay Beach FL, 33444
	
(Use attachment if necessary)	
EV: Effective date, if other than the dat	te of filing:
EV: Effective date, if other than the dat ective date is listed, the date must be sp of filing.)	pecific and cannot be more than five business days prior to or 90 (
EV: Effective date, if other than the dat fective date is listed, the date must be sp of filing.)	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dat fective date is listed, the date must be sp of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dat fective date is listed, the date must be sportfiling.) If the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not at of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not it of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a part of the document is executed any sale.	meet the applicable statutory filing requirements, this date will not at of State's records.

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)

ARTICLE IV-