L24000 113030

(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:

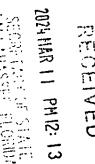






700424653477

03/11/24--01018--001 **155.00



COVER LETTER

TO: New Filing So Division of Co			
SUBJECT:	Name of Lin	S/OCIN'S D,	raffiz LLC
The enclosed Articles o	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Tidd	S/v Gan	
<u> </u>	Sloa-	rim/Company	5
_91	e Allen 2	Address 3233 ity/State and Zip Code Line G SMail (Confort future annual report notification)	
. /		Address	
H	avany, FL	72733	
	Ci	ity/State and Zip Code	
	- > lounsdraf	Line & SMa: 1. 10	J
	E-mail address: (to be used	for future armual report notificati	ion)
For further information e	oncerning this matter, please	call:	
	at ()	
Nar	ne of Person Ar	rea Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ng Address	Street Address	
	Filing Section	New Filing Section Di	
	ion of Corporations	The Centre of Tallaha	
	Box 6327 hassee, FL 32314	2415 N. Monroe Stree Tallahassee, FL 3230	
Lana			-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

i ne name of the Limited Liability Company is:	
Sloan's Draffing LLC	
(Must contain the words "Limited Liability Company "L. L. C." or "LL C.")	

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
96Alleh Rahch LN -	94 Alka Ranch Lan
Havana FL32533	Hu.unu, [-1 32777
	· /

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Toll	Sloan	
	Name	
94 Alter	1 Davel	Lar
Florida street address	s (P.O. Box <u>NOT</u> ac	ceptable)
Havung	PL	32727
City	State	Zip

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..

Règistered Agent's Signature (REQUIRED)

(CONTINUED)

itle:	Name and Address:
AMBR" = Authorized Member	
MGR_= Manager	Toils Slow
MGR manger,	1011 3100
Phil-D many	11 11/1/1 Rech 2000 Handa Feb 72 377
more manger,	1100000 1000
	
V: Effective date, if other than th	e date of filing: (OPTIONAL)
tive date is listed, the date must filing.) he date inserted in this block does ent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the tive date is listed, the date must filing.) are date inserted in this block does ent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the tive date is listed, the date must filing.) we date inserted in this block doesnnt's effective date on the Depart VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the tive date is listed, the date must filing.) we date inserted in this block doesnnt's effective date on the Depart VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the live date is listed, the date must filing.) the date inserted in this block does not selfective date on the Depart VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the live date is listed, the date must filing.) the date inserted in this block does not's effective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not the state of State's records.
V: Effective date, if other than the live date is listed, the date must filing.) e date inserted in this block does not's effective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE: Signature o	s not meet the applicable statutory filing requirements, this date will not the meet of State's records. If a member or an authorized representative of a member.
V: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does not seffective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of This document is a lam aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State
V: Effective date, if other than the live date is listed, the date must filing.) the date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of This document is an acquisitives a third.	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document of State degree follows as provided for in a 817 155 F.S.
V: Effective date, if other than the tive date is listed, the date must filing.) we date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of This document is I am aware that an acquestive a chird.	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document of State degree follows as provided for in a 817 155 F.S.
V: Effective date, if other than the tive date is listed, the date must filing.) ne date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any. EOURED SIGNATURE: Signature of This document is I am aware that an economic the same that are that an economic the same that an economic the same that an economic the same that are	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) as