

L24000121187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

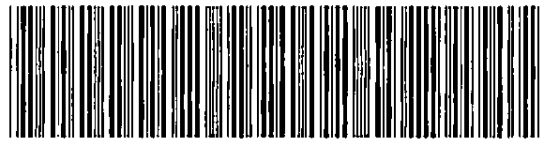
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 FEB 19 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

T. MATTHEWS

MAR 15 2024

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ARCHER WEIGHT, LLC.

\_\_\_\_\_  
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:

MARY ARCHER-WEIGHT

\_\_\_\_\_  
Name of Person

ARCHER WEIGHT, LLC.

\_\_\_\_\_  
Firm/Company

210 PANFERIO DR

\_\_\_\_\_  
Address

GULF BREEZE, FL 32561

\_\_\_\_\_  
City/State and Zip Code

ARCHERWEIGHT@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY ARCHER-WEIGHT

845

5222241

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ ~~\$155.00 Filing Fee &  
Certificate of Status  
(additional copy is enclosed)~~

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certificate of Status  
(additional copy is enclosed)

**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

FILED

2024 FEB 19 PM 12:29

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARCHER WEIGHT, LLC.

(Must contain the words "Limited Liability Company, "LLC," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

210 PANFERIO DR GULF BREEZE, FL 32561

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:

MARY ARCHER-WEIGHT

Name

210 PANFERIO DR

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

GULF BREEZE, FL 32561

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..*

Mary Archer-Weight

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MARY ARCHER-WEIGHT  
210 PANFERIO DR  
GULF BREEZE, FL 32561

MGR

JOSEPH WEIGHT  
210 PANFERIO DR  
GULF BREEZE, FL 32561

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Mary Archer-Weight

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MARY ARCHER-WEIGHT

Typed or printed name of signee

**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)