L24000 191737

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

Office Use Only



DIBTOTTO UPATIONS 2024 APR 29 PM 1: 28

RECEIVED



COVER LETTER

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TO: New Filing Sec Division of Co				
SUBJECT:	Committed Name of Lim	6 Enterprises ited Liability Company	C.C.C	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	Sty	Name of Person		
	Committee	f 6 Enterprises	L.L.C.	
	_	Proks Drive		
			,	
	Ci Swalden musiaa ya	ty/Ile , F-L , 32327 ty/State and Zip Code Loo.com for future annual report notificati	ion)	
	oncerning this matter, please	•	ony	
		(50) 459 - 2 of Code Daytime Telephon		
Enclosed is a check for t	the following amount:		ELCR TAL	2024,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy : (additional copy of Sancto	F 11 F
New I Divisi	ng Address Filing Section on of Corporations	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issec	
P.O. Box 6327 Tallahassee, FL 32314		Tallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Committed 6 Enterprises L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
& Brooks Drive & Brooks Drive	
Crawferdville, FL 32327 (rawferdville, FL 32327	
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:	
Stednen Walden	
Stephen Walden Name S Broks Drive,	
Proks Drive,	
Florida street address (P.O. Box NOT acceptable)	
Crawfoodville FL 32327	
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 duries, and	g (1)
am tomiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	2
APR APR	77
Registered Agent's Signature (REQUIRED)	il Lagrana Lagrana
SO THE	m
(CONTINUED)	Ö

<u>Title:</u>	ss of each person authorized to manage and control the Limited Liability Company: Name and Address;	
"AMBR" = Authoriz	ed Member	
"MGR" = Manager MC 2	Stepho lalalda	
11010	- Stephen values	
	O Brooks Dirve, Crawfold ville 16, 32377	
AMRR	Damonica Dubose	
_/_M_M	8 Brooks Drive Crawiford V. He, FL 32327	ı
	BIORS PHASE CHARTER VINITE DESCT	

(Use attachment if no	DEPARTU)	
ARTICLE V: Effective date, : If an offoctive date is listed, t	if other than the date of filing:	ıfter
he date of filing.)		
Note: If the date inserted in t	his block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.	ed as
ARTICLE VI: Other provision	is, if any.	
		Ø
		VD
REQUIRED SIGNA	ATURE: ATURE: ATURE	وحس
	AC AR	on il
	Singular An anadon on an authorized someographics of a mamber Page 10	il G-server
This Lam	document is executed in accordance with section 605.0203 (1) (b). Florida significant aware that any false information submitted in a document to the Department of State	
cons	titutes a third degree felony as provided for in s.\$17.155, F.S.	
)tephen Walchen ====================================	_
	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 (2017)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)