## L14000/9698

	(Requestor's Name)
	(Address)
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	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
L FICK-OF	MAY!
	- <u>-</u>
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer;
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Office Use Only





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## COVER LETTER

TO: New Filing Section of Corp					
SUBJECT: Tar	d R Const	ruction (			
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.			
Please return all correspon	ndence concerning this ma	tter to the following:			
	Trav	is Topor			
	1100	Name of Person		-	
<del> </del>		Firm/Company		-	
	1906 (	Cometary Dd.			
		Address		-	
	Tallaha	ssce F/ 3230	5		
	C	ity/State and Zip Code		2021	C)
19-	-mail address: (to be used	for future annual report notification	on) ;-:	- 15	.77
For further information con		·		2024 NAY -2	
	_		SEE J. CE	23	
Tacis	of Person A	L(05-24) rea Code Daytime Telephone	Shumber FA	19:6	
Natire	OTTEISON A	tea code Daytime refeptione	ramber		
Enclosed is a check for the	e following amount:				
古S125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	č	
	Address ing Section	Street Address New Filing Section Div	vision		

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," for "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  ACC Cametory Id.  Talkhasse H., 32305  Talkhasse H., 32305  Mailing Address:  Mailing Address:  Mailing Address:  Mailing Address:  Mailing Address:  Talkhasse H., 32305	
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:	
Tracis Jones	
Name	
196% Conctory Rd	
Florida street address (P.O. Box/NOT acceptable)	
What FZ 32305	
City State Zip	$\odot$
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 have 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.	

(CONTINUED)

The name and address of each person aut	horized to manage and control the Limited Liability Company:		
Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Man <del>ager</del>			
MGR M <b>G</b> R	Kachel Golden	_	
	1906 Centery Ld 52505	_ <del>_</del>	
MER	Trais Jones .		
<del> </del>	1906 Cemetery Lot.	<u> </u>	
		_	
		_	
		_	
·	<del></del>	_	
		<del>-</del>	
(I la company of Tour company			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe	of filing: S/3/2024 (OPTIONAL) ecific and cannot be more than five business days prior to or 9	0 days aft	er
the date of filing.) Note: If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will no	ot be listed	d as
the document's effective date on the Department of		t.	$G_{ij}$
ARTICLE VI: Other provisions, if any.	A.C.	<u>[</u>	
		<u> </u>	' सं सी । । : स्क्र
		2	) }
REQUIRED SIGNATURE:		E	
Signature of a me	mber or an outhorized representative of a member.	9:47	
This document is execut	ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State	17	
	felony as provided for in s.817.155, F.S.	•	
	Typed or printed name of signee		
	,, ,		
	Filing Fees: ganization and Designation of Registered Agent		
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	al)		
· •			

ARTICLE IV-