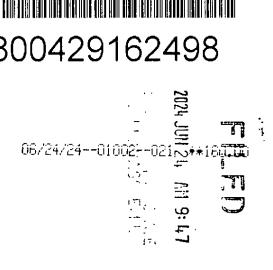
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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)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

| Division of Corporations   |
|--|
| SUBJECT: Joyce byce / Doller Company  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:  |
| Brench Joyce Curry   |
| Name of Person   |
| Firm/Company   |
| 509 E. Magnolia Drive # P151   |
| Address  |
| Address  Tallahassee FLoricla 32301  City/State and Zip Code  Drenc 0050 (a amail. com  E-mail address: (to be used for future armual report notification)   |
| City/State and Zip Code  |
| E-mail address: (to be used for future armual report notification)   |
| For further information concerning this matter, please call:   |
| Brenda (ury at (850) 901-1259  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| □S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

TO:

**New Filing Section** 

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

bridwide, CLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

|                           | ncipal Office Address:                                  |                           | Mailing Addr   | ess:                 |
|---------------------------|---|---------------------------|--|----------------------|
| 509 E.,<br>Tallaha        | Magnolia Dr. 323  | #P151<br>01               | 3408 N. Ridg<br>Tallahassee,                         | le Rd.<br>FL 32305   |
| ie Limited Liability Comp | Agent, Registered Office, &                             | Registered Ar             | Agent's Signature:<br>ent. You must designate an ind | fividual or          |
| uner business entity with | Lan active Elorida rometration                          | - l                       |  |                      |
|                           | an active Florida registration                          |                           |  |                      |
|                           | reet address of the registered                          | anomi aro:                | C.   | 20                   |
|                           | reet address of the registered                          | anomi aro:                | Curry  | 2024 J               |
|                           | reet address of the registered                          | anomi aro:                | Curry<br>in PAPISI                                   | 2024 JUN             |
|                           | reet address of the registered  Brenda  509 E, M        | Name                      | Curry<br>à Dr. #P151                                 | 2024 JUN 24,         |
|                           | The registered Brenda  509 E, M  Florida street address | Name  A gnol  (P.O. Box N | $\overline{	ext{OT}}$ acceptable)                    | 2024 JUH 24, A       |
|                           | reet address of the registered  Brenda  509 E, M        | Name  A gnol  (P.O. Box N | $\overline{	ext{OT}}$ acceptable)                    | 2024 JUN 24 AN 9: 47 |

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agencus provided for in Chapter 605, F.S.

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Brenda Joyce Cury

509 E. Magnolia Dr. 1#875/

Tallahassee Fc 3230/

Larisha Share(/ Copeland)

41670 No Congess Ave. #301c

West Talm Beach, Ft 33407

ARTICLE V: 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.

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

Typed or printed name of signee

ARTICLE IV-

REQUIRED SIGNATURE:

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.