## 1240W 575092

Office Use Only



500438042235

12/19/24-01003--029 \*\*\*390.00

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:	Day Wash 850 Name of Limited Liability Company
The enclosed Articles of Organization	and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	John Mabbett
	Name of Person
	<u> </u>
,	Firm/Company )
3	Address
	City/State and Zip Code  Juabbett 4 a gmail. com  :: (to be used for future annual report notification)
	Juabbett 4 @ gunil com
For further information concerning this	
John Maddee Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following a	amount:
□\$125.00 Filing Fee □\$130.00 Certificate	Filing Fee & Status Status Status Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corpora  P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ontain the words "Limited Viability Com	850 LLC
(Must co	ontain the words "Limited Viability Com	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	t address of the principal office of the Li	imited Liability Company is:
<u>Princ</u>	ripal Office Address:	Mailing Address:
3607 V Tallahasse	Mossy Creek Lane	Tallahasser JFL 32311
(The Limited Liability Compa	Agent, Registered Office, & Registered any cannot serve as its own Registered A an active Florida registration.)	d Agent's Signature: Agent. You must designate an individual or
The name and the Florida stre	eet address of the registered agent are:	
	John M	Alla Mabbett
	Name	<del>-</del>
	3607 Mussi	y creek lane
	Florida street address (P.O. Box	SOT acceptable)
	Schn 100 Name  3007 Mussi  Florida street address (P.O. Box 2)  Tullchissee FO	Y Creak Lave SOT acceptable)
	Florida street address (P.O. Box 2)  Tallchassee FC  City State	SOT acceptable)  Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	John Malhett
	3607 Mussy Creek Land
	The Italian SSER (FC 3231)
Am BK	le a un un al la
_AM DR	Mayhert Mayhert
	To Valor Gell Gi 27211
	70711
	, ; )
	)
//	· ,
(Use attachment if necessary)	
CLE V: Effective date, if other than the date	c of filing: (OPTIONAL)
effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days
ite of filing.)	
	meet the applicable statutory filing requirements, this date will not be lis
ocument's effective date on the Department	of State's records.
CLE VI: Other provisions, if any.	

**REQUIRED SIGNATURE:** 

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.

John Waskett
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)