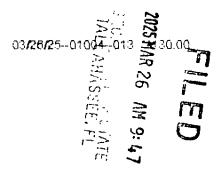
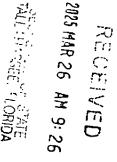
## 

(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.			









## **COVER LETTER**

	ew Filing Section Division of Corporations		
SUBJECT		4, LLC Limited Liability Company	<u>.</u>
The enclos	sed Articles of Organization and fec(s)	are submitted for filing.	
Please retu	irn all correspondence concerning this	matter to the following:	
	Dest	Name of Person	<del></del>
		estin may Firm/Company	2025 MAR
	8849 Road +	to the Lake P	SMAR 26 MM 9: 47
	Tallahassee	City/State and Zip Code	· #7
	E-mail address: (to be us	ed for future annual report notificat	ion)
For further	nformation concerning this matter, plea	ase call:	
	Destin May at (	850 ) 879 - 18 Area Code Daytime Telephon	Number
Enclosed i	s a check for the following amount:		
□\$125.00	Filing Fee S130.00 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 enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must	Destin May LL contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal office of the l	imited Liability Company is:	
<u>Pri</u>	ncipal Office Address:	Mailing Address:	
8849	Road to the Lake Rd	8849 Road to the 1	ake Rd
ARTICLE III - Registered	Agent, Registered Office, & Registered pany cannot serve as its own Registered		स. <b>८</b> — ता
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered of the Registered an active Florida registration.)  The reet address of the registered agent are:  Name	d Agent's Signature: Agent. You must designate an individual or	25 HAR 26 AM
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Registered pany cannot serve as its own Registered an active Florida registration.)  rect address of the registered agent are:	d Agent's Signature: Agent. You must designate an individual or  A	•

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Destin May 5849 Boad to the Lake Rd Taliahassee, FL 32317
<del></del>	
<del></del>	OZ5 HAR
(Use attachment if necessary)	ASSEE, PL
(If an effective date is listed, the date must be spetthe date of filing.)  Note: If the date inserted in this block does not m the document's effective date on the Department of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	AMag
This document is execute I am aware that any false	ther or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Des	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)