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CORPORATE ACCESS, _

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WALK IN

	CERTIFIED COPY		
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	FILING	LLC	
R	ich Guys Nickel LL Drporate name and docu	MENT #)	
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COVER LETTER

	New Filing Se Division of Co					
SUBJEC		s Nickel LLC				
JUBILE	·	Name of L	imited Liabil	ity Company	<u> </u>	
The enclo	sed Articles o	f Organization and fee(s) a	re submitted	for filing.		
Please ret	urn all corresp	ondence concerning this n	natter to the f	ollowing:		
	M Chris Ed	wards				
			Name of	Person		
	M. Chris Ed	Name of Limited Liability Company es of Organization and fee(s) are submitted for filing. respondence concerning this matter to the following: Edwards Name of Person S Edwards, PA Firm/Company litary Trail, Suite 200 Address FL 33458 City/State and Zip Code @aol.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: vards Same of Person Area Code Daytime Telephone Number or the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Street Address We Filing Section New Filing Section Division				
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	4425 Militar	les of Organization and fee(s) are submitted for filing. rrespondence concerning this matter to the following: s Edwards Name of Person is Edwards. PA Firm/Company illitary Trail, Suite 200 Address FL 33458 City/State and Zip Code w@aol.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: iwards 561 743-0480 at (Daytime Telephone Number for the following amount: the S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) alting Address w Filing Section New Filing Section Division The Centre of Tallahassee				
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	mcepalaw@a		Address City/State and Zip Code d for future annual report notification) se call: (Company) Area Code Daytime Telephone Number Certified Copy (additional copy is enclosed) Street Address New Filing Section Division The Centre of Tallahassee			
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For further i	nformation co	ncerning this matter, pleas	se call:			
	Chris Edward	-		743-0480		
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Enclosed is	a check for the	he following amount:				
□\$125.00	Filing Fee		Certifie	d Copy	Certificate of S Certified Copy	Status & / is enclosed)
	New Fi Divisio P.O. B	ling Section on of Corporations	7	New Filing Section Di The Centre of Tallaha	ssee et, Suite 810	3. 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Rich Guys Nickel LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
1202 SW 17th Street	1202 SW 17th Street
Ocala, Florida 34471	Ocala, Florida 34471
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	:
M. Chris Edwards	
Name	
4425 Military Trail, Suite 200	
Florida street address (P.O. Bo	x <u>NOT</u> acceptable)

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

State

Jupiter

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Rich Barner	
	1202 SW 17th Street	
	Ocala, FL 34471	
		
		
(Use attachment if necessary)		
LEV: Effective date if other than the dat	te of filing: March 10, 2021 , (OPTIONAL	1
fective date is listed, the date must be s	pecific and cannot be more than five business days prior to	ッ o or 90 dav
of filing.)	,	
	meet the applicable statutory filing requirements, this date v	vill not be l
iment's effective date on the Departmen	t of State's records.	

REOUIRED SIGNATURE:

ARTICLE IV-

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.

M. Chris Edwards, as authorized representative

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)

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