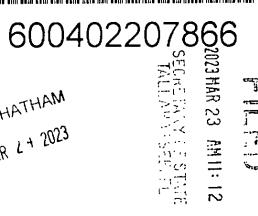
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(Requestor's Name)						
(Address)						
(Address)						
(1001622)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
(Document Number)						
Certified Copies Certificates of Status						
570						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

TO:	New Filing Section Division of Corporations						
SUBJEC	NATALIE C WETHERIN	GTON, LLC					
Name of Limited Liability Company							
The enc	losed Articles of Organization an	d fee(s) are submit	ted for filing.				
Please re	eturn all correspondence concern	ing this matter to th	ne following:				
	SHANNON ROSIER						
		Name	of Person				
		Firm	Сотралу				
	***WILL PICK UP						
		A	ddress				
		City/State	and Zip Code				
	shannon@rosicrco.com E-mail address: (to be used for futu	re annual report notificat				
For furthe	r information concerning this ma			,			
	Shannon Rosier	850	877-6362				
	Name of Person	at (Area Code	Daytime Telephon	ne Number			
			•				
Enclosed	d is a check for the following am	ount:					
≣\$ 125.	00 Filing Fee □\$130.00 Fil Certificate of	Status Cer	1155.00 Filing Fee & tified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address		Street Address				
	New Filing Section Division of Corporatio	ne	New Filing Section D The Centre of Tallah				
	P.O. Box 6327	113	2415 N. Monroe Stre				
	Tallahassee, FL 32314		Tallahassee, FL 3230	03			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must contain the words "Limited Liability Company, "L.L.C.," (ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C Principal Office Address:	
The mailing address and street address of the principal office of the Limited Liability C	Company is:
	50mpany 10.
	Mailing Address:
3302 W. SAN PEDRO ST SAME	
TAMPA, FL 33629	
	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	
(The Limited Liability Company cannot serve as its own Registered Agent. You must canother business entity with an active Florida registration.)	lesignate an individual or 🔗 👱
	∃m 22
	ECR TAL
The name and the Florida street address of the registered agent are:	023 HAR ECRLA TALLA
•	023 HAR 23 FCRLASS
The name and the Florida street address of the registered agent are:	-
The name and the Florida street address of the registered agent are: NATALIE C WETHERINGTON Name	
The name and the Florida street address of the registered agent are: NATALIE C WETHERINGTON	
The name and the Florida street address of the registered agent are: NATALIE C WETHERINGTON Name 3302 W SAN PEDRO ST Florida street address (P.O. Box NOT acceptable)	VALUE OF STATE

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 ∂f_i my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MGR</u>	NATALIE C WETHERINGTON - 100% 3302 W SAN PEDRO ST TAMPA, FL 33629	
	S ~	.
	TAR DECEMBER 1	n
(Use attachment if necessary)	HASS A	
(If an effective date is listed, the date must b the date of filing.)	date of filing: (OPTIONAL) = to specific and cannot be more than five business days prior to or 20 decrease.	
Note: If the date inserted in this block does in the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as
ARTICLE VI: Other provisions, if any.		<u>.</u>
REQUIRED SIGNATURE:	Co Wolhermaton	
This document is ex I am aware that any	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	

NATALIE C WETHERINGTON

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)