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COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJI	ecr. Esti	mation Creation I	LLC	
30001	.cr		ed Liability Company	
The en	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this matt	er to the following:	
	<u>Jarrett</u>	Grimaldi		
			Name of Person	
	Estima	tion Creation LLC		
			Firm/Company	
	8877 K	Cettle Drum Terrac		
			Address	
	Boynton	Beach, FL 33473		
			y/State and Zip Code	
	ttjg21@r	notmail.com E-mail address: (to be used f	or future annual report notification)	<u>,,,,,</u>
For fur	ther informati	on concerning this matter, please	call:	
Jarr	ett Grima	ldi	at (954) 803-8329	
	Na	me of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a checl	c for the following amount:		
\$125.00) Filing Fee	\$130.00 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR ₁	FICE	E I -	Name	

The name of the Limited Liability Company is:

Estimation Creation LLC

(Must end with the words "Limited Liability Company, "L,L,C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8877 Kettle Drum Terrace	
Boynton Beach, FL 33473	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jarrett Grimaldi	
Nan	ne
8877 Kettle Dr	um Terrace
Florida street a	address (P.O. Box NOT acceptable)
Boynton Beach	_{FL} 33473
City,	State, and Zip

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 608, F.S.

Registered Agent's Signature (REOUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Jarrett Grimaldi 8877 Kettle Drum Terrace Boynton Beach, FL 33473
	
	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jarrett Grimaldi

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)