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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	D Fos LLC
SODA	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David Foster
	Name of Person
	Firm/Company
	PO Box 10553
	Address
	Brooksville, FL 34603
	City/State and Zip Code
	roofing_foster@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
	David Foster 352 585-0495
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125 .0	\$130.00 Filing Fee & Status St

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLOR	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
D Fos LLC	15 JUL 20 PM 2: 46
(Must end with the words "Limited Lial	bility 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:
700 Desoto Ave	PO Box 10553
Brooksville, FL	Brooksville, FL
34601	34603
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age	gistered Agent. You must designate an individual or
•	
David Foster	
Na	nme
700 DeSoto Ave	· · · · · ·
Florida street address (P.	O. Box NOT 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 provision 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..

FL

State

Brooksville

City

Registered Agent's Signature (REQUIRED)

34601

Zip

(CONTINUED)

Page 1 of 2

l'itle:	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager //GR	David Foster	
TOK	PO Box 10553	
	Brooksville, FL 34603	
-		
		
	 	
Use attachment if necessary)		
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