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COVER LETTER

1 O: Registration Section Division of Corporations	
SUBJECT: Parker Remode Name of Lim	Ling Trust, LLC ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Ronald Whith Parl	Name of Person
R Parker Remi	deling Trust, LLC Firm/Company
270 Friendsk	SP Church RD
Crawfordville] Legnneandron036	FL 3D327 5 5 1ty/State and Zip Code 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
mail audiess: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Ronald Parker at (A	750 274-203 Le rea Code Daytime Telephone Number
•	
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Parker Remodeling (Must end with the words "Limited Liabili		
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
276 Friendship Church RD Crawfordville FL 32327		
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		100 To
The name and the Florida street address of the registered agent	are:	ි 8
Ronald Whith H	arker JR	
20 Friendship Florida street address (P.O.	Church R) Box NOT acceptable)	
Crautordville City	FL 31327 State Zip	26

Having bosen 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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	270 Frendship Church RD Crawfordville FL 32327 Ronald Whitt Parker TD
MGR	270 Friendship Church 20 Crawfordrille FL 32327 Leanne Michelle Packer
MAR	CENTILE PAIL LAND
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(Use attachment if necessary)	
ffective date is listed, the date must be a e of filing.)	specific and cannot be more than five business days prior to or 90 days
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REQUIRED SIGNATURE: Signature of a This document is exect a am aware that any for the date and the control of	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be lis
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