L03000048970

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	·#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



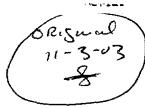
700024753937

11/21/03--01047--005 **125.00

W 12/07

WELCRETARY OF STATE STATE OF CORPORATIONS

to



TRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: CENTRAL TRIM LLC (Name of Limited Liability Company)		
The anolosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jaseph K. Garchius Ky (Number Femon)		
Central Trim LLC (FloodCompany)	,	
806 River Cove Avenue		
ORIANDO FI 32825 / (City/State and Zip Code)		
For further information concerning this marier, please call:	03 N(326
Joseph K. Garchusky at 321 228-7915 (Name of Berson) (Area Code & Deytime Telephone Number)	03 NOV 21 PH	CRETARY OF S

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahasses, Florida 32399

MAILING ADDRESS; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CENTRAL TRIM, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
806 River Cove Ausure	806 River Cove Avenue
Onland F1 32825	ORIALL, FI 3282
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re Sosph K. G Name 804 Rise Cost	Archiveky 33 De Archiveky
Florida street address (P.C.	
	FLORIDA 32825

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, Florida Statutes..

> Page 1 of 2 (CONTINUED)

Ġ

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

12:47

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joseph K. GARchiveky
	806 RIJEA COVE AVENUE ORIA-do H 32825
Jse attachment if necessary)	

Filing Pessi

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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.)

Tostoh K. Ganchinsky
Typed or printed name of signes I