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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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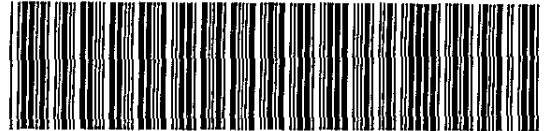
(Business Entity Name)

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WILLIAMSON, ALABAMA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Carpenter, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Majewski
(Name of Person)

The Carpenter, LLC
(Firm/Company)

P.O. Box 1424
(Address)

Flagler Beach, FL 32136
(City/State and Zip Code)

For further information concerning this matter, please call:

William Majewski at (386) 503-0857
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

03 DEC 18 AM 8:07

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

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Carpenter, LLC.

ARTICLE II - Address:

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

Principal Office Address:

220 N. Seventh Street
Flagler Beach, FL 32136

Mailing Address:

P.O. Box 1424
Flagler Beach, FL 32136

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

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

William Majewski
Name

220 N. Seventh Street
Florida street address (P.O. Box NOT acceptable)

Flagler Beach FLORIDA 32136
City, State, and Zip

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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..

William Majewski
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

William Majewski
P.O. Box 1424
Flagler Beach, FL 32136

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William Majewski
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.)

William Majewski
Typed or printed name of signee

Filing Fees:

\$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)

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CLERK OF CIRCUIT COURT
JANUARY 1, 2019