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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: RICKY CRAWFORD FRAMING UNLinited 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:
Kichand C Crawfold
Ricky CRAWford FRAMING Untimited LLC
$POBo \times 2002$
LAKE City FL 32056 (City State and Zip Code)
For <u>fur</u> ther information concerning this matter, please call:

STREET ADDRESS:

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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:	11 / 11/1
Ricky CRAWFORD FRA	ming Unlimited LL
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 Box 2002	
LAKE City Fl	
No. M	
152056-2002	
•	
ARTICLE III - Registered Agent, Registered Office	
The name and the Florida street address of the register	ed agent are:
\bigcap Γ	TO THE THE THE
Kichand / 10k	2AW/Fried 3 T =
Name	77007029
1 ~ C . C . D	a. 1.1 01 HD 7 III
1964 SW CV	ARESS LAKE Rd TO BE TO THE STATE OF THE STAT
Florida street address (P.O. Box N	OT acceptable)
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hake l'itu =	ORIDA 32024
City State and Zin	Onion 100-1

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member Sichard C Clipw ford POBOX 2002 LAVE (Lip FL 32056-200) (Use attachment if necessary)

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

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

than the facts stated herein are true.)

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)