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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BALAMARAS, 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:

Thomas M. Shuler  
(Name of Person)

Shuler and Shuler  
(Firm/Company)

P.O. Box 850  
(Address)

Apalachicola, Florida 32329  
(City/State and Zip Code)

SHULER AND SHULER  
TALLAHASSEE, FLORIDA

04 FEB 19 11:25

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For further information concerning this matter, please call:

Thomas M. Shuler at ( 850 ) 653-9226  
(Name of Person) (Area Code & Daytime Telephone Number)

**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:

BALAMARAS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

78 12th Street

Apalachicola, Florida 32320

**Mailing Address:**

78 12th Street

Apalachicola, Florida 32320

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

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

Thomas M. Shuler

Name

34-4th Street

Florida street address (P.O. Box **NOT** acceptable)

Apalachicola FLORIDA 32329

City, State, and Zip

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ON FEB 19 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, 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..*

Thomas M. Shuler

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:**

MGRM

Stan Ward  
78 12th Street  
Apalachicola, Florida 32320

MGRM

Robbie Payton  
78 12th Street  
Apalachicola, Florida 32320

MGRM

First Choice Builders  
162 22nd Avenue  
Apalachicola, Florida 32320

MGRM

Lloyd Alford  
220 Whispering Pines Circle  
Apalachicola, Florida 32320

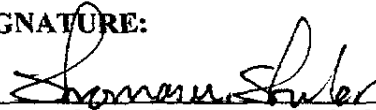
(Use attachment if necessary)

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04 FEB 19 11:28 AM  
TALLAHASSEE FLORIDA

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**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 that the facts stated herein are true.)

Thomas M. Shuler

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)