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TRANSMITTAL LETTER

•	TRANSMITTAL LETTER	FUED
TO: Registration Section Division of Corporations		FILED 04 MAR -8 PM 2:01
SUBJECT: CECIL C	(Name of Limited Liability Company)	SEUNE IARY OF STATE TALLAMASSEE. FLORIDA
The enclosed Articles of Organization	on and fee(s) are submitted for filing.	
Please retur	rn all correspondence concerning this matter to the following:	
<u>Cecil</u>	Campbell (Name of Person)	
	(Firm/Company)	
9904	Magie ot. (Address)	
<u>Gibe</u>	city/State and Zip Code)	
For further information concerning	this matter, please call:	
Cecil Campbel	at (813) 602-233 (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

FILED

04 MAR -8 PM 2:01

SECRETARY OF STATE TALLATIASSEE, FLORIDA

ARTICLE 1 - Name: The name of the Limited Liability Company is:	TALLAMAGGE
CECIL CAMPBELL, L&C	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4904 MASSIE St.	3AME
Gibsonton, FC 33534	· ·
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere LECIL CAMPBELL Name 9904 Maggie of Florida street address (P.O. Box No. 1980) City, State, and Zip	od agent are: OT acceptable)

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)

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The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE TALLAHASSEE, FLORIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.

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

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

-Amphe()
Typed or printed name of signee

that the facts stated herein are true.)