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PICK-UP WAIT	MAIL			
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TRANSMITTAL LETTER

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TO: Registration Sec Division of Cor			
SUBJECT: Lynm	(Name of Limited	Liability Company)	EIN 20-1874764
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Mercin T. Jone	Same of Person)	
	ama ta 1 Carpe	Stry LLC	
) West 5th	Street (Address)	. ,
_51	Augustone, Francisty	or; da 3208	4
For further information of	concerning this matter, please	call:	
Marin T. Jun.	of Person)	at (904 347 - 9	1379 Elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			7. .

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:

Immortal Carpentry LLC EIN 20-1874764
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
772 West 5th Street 772 West 5th Street ST. Hugustias Florida 32084 ST. Augustine, Glacida 32084
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Marvin Tyrone Jones
772 West 5th Street Florida street address (P.O. Box NOT acceptable)
ST. Augustine FL 32084 City, State, and Zip
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, F.S
Maruel ton PES I TI
Registered Agent's Signature
(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MLP" =	Movin T. Jones 17) West 5th Stret 51. Augustine, Florida 32084
(Use attachment if necessary)	
NOTE: An additional article mus	t 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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SECKE LASSEE: FLORIDA