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2014 JUNE CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 2 7 2004

## TRANSMITTAL LETTER

TO: R	degistration Section Division of Corporations
SUBJEC	Registration Section Division of Corporations  F: DAVID Carr LLC (Name of Limited Liability Company)  sed Articles of Organization and fee(s) are submitted for filing.  um all correspondence concerning this matter to the following:
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	um all correspondence concerning this matter to the following:
	DAUID CARR (Name of Person)
	DAVID CORP LLC (Firm/Company)
	9122 BRIDETAL PATHWAY  (Address)  Sebarny FL 33829  (City/State and Zip Code)
For furthe	(City/State and Zip Code) r information concerning this matter, please call:
De	(Name of Person) at (863) 304-2654 (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
\$125.00	Filing Fee Status Status Status Certificate of Status Certified Copy (additional copy is enclosed)  S130.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed)
	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 ORGANIZAT	ION FOR FLO	ORIDA LIMITED LIABI	LITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability	ty Company is:		SEE FE
DAVID Carr	- LLC		- OR 1045
ARTICLE II - Address: The mailing address and street a	ddress of the prin	ncipal office of the Limited I	iability Company is:
Principal Office Address:		Mailing Address:	_
9122 Brineta Seberna, FL 3	PATHWAY 3872	9/22 BRIDETAL SEDRING, FL	PATHWAY 33872
ARTICLE III - Registered Age	ent, Registered	Office, & Registered Agent	's Signature:
The name and the Florida street	address of the re	gistered agent are:	
Dav.	10 Carr		
. Cuma	Name	<b>1</b>	
7122	DRIDETAL Elorida street addre	ess (P.O. Box NOT acceptable)	
Seh	91 N9	FT 37872	
	City, State, an	d Zip	
Having been named as registere liability company at the place registered agent and agree to ac statutes relating to the proper o	e designated in thi t in this capacity.	is certificate, I hereby accept . I further agree to comply wit	the appointment as th the provisions of all
		ered agent as provided for in	•

(CONTINUED)

Page 1 of 2

Registered Agent's Signature

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DAVID COLL 9122 BRIDETOL PATHUR Sebaing, FL 33822
	must be added if an effective date is requested.
NOTE: An additional article REQUIRED SIGNATURE:	must be added if an effective date is requested.  A support of a member of a member.
REQUIRED SIGNATURE:  X Signature of a m  (In accordance wo of this document)	nember or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.)