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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 64 M Wood WOrks 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:	
Glen Herndon (Name of Person)	÷
GAM Woodworks LLC	
1700 3 rd St NW (Address)	
Jasper, Fla. 32052 (City/State and Zip Code)	05 JAN O AMII: 12
For further information concerning this matter, please call:	O AMII: 12
Glen Werndon at (386) 638-9952 (Area Code & Daytime Telephone Number)	ORIDA 12
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bigcup \\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$125.00 Filing Fee & Bigcup \\$160.00 Filing Fee & Certificate of 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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi		oany is:			
G4M	Wood	Works	LLC		
ARTICLE II - Addr The mailing address a		of the principal of	fice of the Limi	ted Liability Con	mpany is:

Principal Office Address:	Mailing Address:	
17110 2 rds+1111.)		
Jasper	Same	
Fla. 32052		

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

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

Glen Nemdon

Name

1700 3 VS Florida street address (P.O. Box NOT acceptable)

Jasper Flar FL 38052

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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:  Glen Herndon 10003rdstNW Jasper, Fla. 72052	 	
		95 JAN 10 AMII	SECRETARY OF STALLAHASSEE, FLO

(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 that the facts stated herein are true.)

GLEN HERN DON

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)