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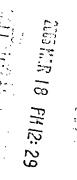
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TRANSMITTAL LETTER

(Proposed limited liability company name - must include suffix)

| Division of Corpor | ations | | |
|---------------------|-------------------|-------------------|--|
| P.O. Box 6327 | | | |
| Tallahassee, FL 323 | 314 | | |
| | Acme | HARDWOOD HE. | |
| CUDIECT. | $H \cup H \cap L$ | MHILLIWOOD . TO A | |

Enclosed is an original and one (1) copy.

Department of State

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

| FROM: | RYAN BLANKENSHIP | |
|-------|--------------------------|--|
| | Name (Printed or typed) | |
| | 936 5TH ST N#1 | |
| | Address | |
| | ST PETE FLORIDA 33701 | |
| • | City, State & Zip | |
| | (727) 742-7069 | |
| | Daytime Telephone number | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|--|
| The name of the Limited Liability Company is: ACM & HANDWOOD, Letter |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 936 574 57 N# / 57 Put 1 3370/ |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Name |
| |
| 936 5 th ot N #1 |
| Florida street address (P.O. Box NOT acceptable) |
| ST PETE FL 3370/ City, State, and Zip |
| City, State, and Zip |
| 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 |
| Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. (An additional article must be added if an effective date is requested) 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.) MAN BURKEWSHP |
| 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)