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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-		
SUBJECT: Certainty Builders (Name of Limited	and Developm Liability Company)	ient L.L.C	
The enclosed Articles of Organization and fee(s) are sull Please return all correspondence concerning this matter Juan Five For / June (N.)	to the following:	PILL PH 2: OR ORA ORA ON ALLAMASSEE, FLO	
Certainty Builders	and Dovelop	ment L.L.	
977 Kingfisher Who (Additions)			
Rockhedyr FL 32955 (City/State and Zip Code)			
For further information concerning this matter, please call:			
James Referson (Name of Person)	at (321) 917 (Area Code & Daytime To	5842 elephone Number)	
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: MAILING ADDRESS:		.DDRESS:	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Certainty Development ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Grand Development ARTICLE II - Address: Mailing Address: Grand Development ARTICLE II - Address: Principal Office Address: Mailing Address: Grand Development ARTICLE II - Address: A
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:
Principal Office Address: Mailing Address:
902 720
902 720
977 Kingfisher Weige Same Rockledge, FL 32955
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Juan Figueroca Name
977 Kingfisher Laby Florida street address (P.O. Box NOT acceptable)
Rockledge FL 32955 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.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Juan Figuerra 977 Kingfisher Way Rockledge, F1 32955	
MGRM	James Peterson 22 4615 Draie Way FRO 3	
c	CLORDO AS	
	<u> </u>	
(Use attachment if necessary)		
NOTE: An additional article must b	e 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

Filing Fees:

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

that the facts stated herein are true.)

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

Juan L. Figue ran
Typed or printed name of signee