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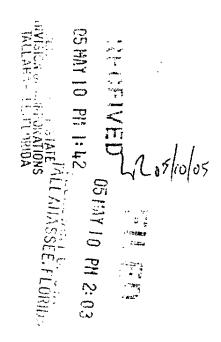
(Re	equestor's Name)		
(Ac	dress)		
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(Cit	ty/State/Zip/Phone	∍#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	cument Number)		_
Certified Copies	_ Certificates	of Status	_
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Special Instructions to	Filing Officer:		7
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: **** COODWOLKING LLC (Name of Limited Liability Company)	
(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:	
KENNEMY J WOODS JE (Name of Person)	·····
(Firm/Company)	
33 DISPERNETTE DR	<u> </u>
(Address) CRANTORDVILLO FZ 32327 (City/State and Zip Code)	05 KAY 10 PM 2: 03
For further information concerning this matter, please call:	Tally G
at (850) 228 6480	
(Name of Person) (Area Code & Daytime Telephone	· Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	\$160.00 Filing Fee, ificate of Status & tified Copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MODO MODDWORKING LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	lability Company is:
Principal Office Address:	Mailing Address:	
	33 DISPENDENCE FL 32	377
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent'	s Signature:
The name and the Florida street address of the r	egistered agent are:	
KENHERY JUDODS	<u> </u>	
33 DISPERATE DE		
	iress (P.O. Box NOT acceptable)	
Chamfoed Julie E City, State, a	FL 32327 and Zip	
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	accept service of process for the his certificate, I hereby accept t ity. I further agree to comply w e performance of my duties, and	the appointment as with the provisions of d I am familiar with
Registred Agent's	s Signature	OS HAY
(CONTIN	UED)	SSE
Page 1 of 2	2	PH 2: 03

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Money	Visibilization (abords
	31 DISPENDETTE DA
	1/5NNUTH WOODS 33 DISPENNETTE DR CRANFOLD VILLE FE 32327
	
	·
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Luck to W	75 a. /
Signature of a memb	per or an authorized representative of a member.
of this document cons	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated	
	Wood /2
o T	yped or printed name of signee
Filing Fees:	SE
A ASSESSMENT A TEXT	anization and Designation
\$125.00 Filing Fee for Articles of Org	anization and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	try of
2 Dies continues of present (abstore	,