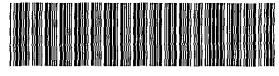
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(Re	questor's Name)	
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· ·	<b>,</b>	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	
		,
		5/26
		CYLOX



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SECRETARY OF STATE

MAY 23 AM II:

## TRANSMITTAL LETTER

TO:	Registration Sec Division of Corp						
SUBJ	ECT: Tin Cup D	irt, LLC	- -				
		(Name of Limited	Liability Compan	у)			
The c	nclosed Articles of	Organization and fee(s) are su	bmitted for filing.				
Please	e return all correspo	ondence concerning this matter	to the following:				
	Lawrence						
		(N	lame of Person)				
Tin	Cup Dirt, LLC			-			
		(F	irm/Company)				
	273 SW Mor	rell's Ct., Suite 102	-	-			
	270 077 100	TON'S CO., COMO TOE	(Address)		·····		
	Lake (	City, Florida 32024			<del></del>	SECRET	05 MAY 23 AM 11:3
		(City/	State and Zip Code)		-	22A	ည်
For further information concerning this matter, please call:		•	OF STA	HIII			
Lawr	ence Bowen		at ( 386)	752-2722		중류	<u>3</u>
	(Name	of Person)	(Area Code	& Daytime Tel	ephone Number)		
Encl	osed is a check fo	r the following amount:					
<b>7</b> \$12	25.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Fil Certified Copy (additional copy is	_	S160.00 Fi Certificate of Certified Cop (additional copy	Status &	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	F L F	AAILING AI tegistration So Division of Co 2.O. Box 6327 allahassee, Fl	ection rporations		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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l'in Cup Dirt, LLC	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
Principal Office Address:	Mailing Address:

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

Lawrence Bowen for Tin Cup Dirt, LLC

Name

273 SW Morrell's Ct. Suite 102

Florida street address (P.O. Box NOT acceptable)

Lake City, Florida 32024 FL
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:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGRM	Lawrence Bowen			
IVIOI (IVI	273 SW Morrell's Ct. Suite 102			
	Lake City, Florida 32024	<del>-</del>		
MGRM	Barron Abrams			
···	6320 Summer Lane	<del>-</del>		
	Pensacola, Florida 32504		-	
	-			
	, , ,		,	
(Use attachment if necessary)				•
NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:		TALL SEC	05 H	
	8	AHASS MASS	05 MAY 23	I
Signature of a member of	r an authorized representative of a member.	HO N		
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in arc true.)	F STATE FLORIDA	AM []: 3]	O
Lawrence	Bowen or printed name of signce	<u>.</u>		

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)