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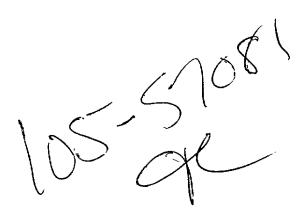
(F	Requestor's Name)	
4)	Address)	
A)	Address)	
(0	City/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nar	ne)
Œ	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/02/05--01028--017 **130.00



TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Connie E		l Liability Company)	-
The enclosed Articles o	of Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
Connie I		Name of Person)	The state of the s
Connìe Bowie Interi	ior's U.C.		
CONTRO DOVID INCOL		Firm/Company)	
5796 SW Id	chetucknee Ave	(Address)	1
Fort	White, Fl. 32038 (City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Connie Bowie (Nam-	e of Person)	at (386 497-4107 c	or 365-2975 dephone Number)
Enclosed is a check f	or the following amount:		THE CONTRACTOR
J \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis 409 E	EET ADDRESS: stration Section sion of Corporations E. Gaines Street hassee, Florida 32399	MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection prporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Connie Bowie Interior's LLC				
Principal Office Address:	Mailing Address:			
Connie Bowie	5796 SW Ichelucknee Ave, Fort White, FI 320 3 8			
The name and the Florida street address of the Connie Bowle Name				
	I <u>Ichetucknee</u> Ave Idress (P.O. Box NOT acceptable)			
Fort White City, State,	FL 3203 8 and Zip			
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

'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	Nicholas D. Bowie 5796 SW Ichetucknee Ave Fort White, FL 32038
m6RM_	Daniel S. Bowie 5796 SW Icheforknee Ave Fort While, FL 32038
·	
(Use attachment if necessary)	
NOTE: An additional article mu	ast be added if an effective date is requested.
REQUIRED SIGNATURE:	
Alleber	n Job Box
Signature of a mer	nber or an authorized representative of a member.
of this document co	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
Nicholas	D. Bowic Daniel S. Bowie 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)