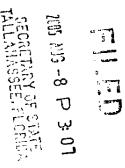
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(Re	questor's Name)	
(Ad	dress)	
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## TRANSMITTAL LETTER

-	istration Se ision of Co				
SUBJECT:	Gerald La	aming, LLC (Name of Limited	l Liability Company)		
The enclosed	l Articles of	Organization and fee(s) are so	abmitted for filing.		
Please return	all corresp	ondence concerning this matte	r to the following:		
	Gerald L		Name of Person)		
			·		
Gerald La	ming, LLC		Firm/Company)		
1	50 Leah M	artin Ct.			
	<u> </u>		(Address)		
	Talial	nassee, FL 32317	Control Tie Code		
		(City/	State and Zip Code)		
For further in	ıformation (	concerning this matter, please	call:		
Gerald Lan			at (850 309-0429		
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is	a check fo	r the following amount:		TECR ST	. 1
∃ \$125.00 F	iling Fee	<b>⊘</b> \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fitting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING AI Registration Son Division of Con P.O. Box 6327 Tallahassee, F.	ode of the control of	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan			
The name of the Embled Elability Company	y is:		
Gerald Laming, LLC			
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
150 Leah Martin Ct.	150 Leah Martin Ct.		
Tallahassee, FL 32317	Tallahassee, FL 32317		
ARTICLE III - Registered Agent, Regist The name and the Florida street address of the st	ered Office, & Registered Agent's Signature:		
Gerald Laming			
	ame		
N 150 Leah Martin Ct.	ame		
N 150 Leah Martin Ct. Florida stree			
N 150 Leah Martin Ct. Florida stree Tallahassee, FL 32317	ame		

(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	Name and Address:	
"MGRM" = Managing Member		
MGRM	Gerald Laming	
	150 Leah Martin Ct.	
	Tallahassee, FL 32317	
	### A	
(Use attachment if necessary)  NOTE: An additional article mu	at he added if an affective data is s	way was tad
	st de added if an ellective date is i	equesteu.
REQUIRED SIGNATURE:		
(In accordance with a of this document cor	ber or an authorized representative of a section 608.408(3), Florida Statutes, the existitutes an affirmation under the penalties	ecution
that the facts stated Gerald W. Laming	,	
	Typed or printed name of signee	- TA S
Filing Fees:		LECAR ECAR
\$125.00 Filing Fee for Articles of Orgon fregistered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option		AHASSEELE