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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Saunders Lands (Name of Limited)	Liability Company)		
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Timothy C Sau	enders Ir		
Sounders	ondworks		
<u>Saunders L</u>	irm/Company)		
P.O Box	1368	SEC) } = 1
	(Address)	E A	Ž _
Carrabelle F	32327	SSE	φ !
(City/S	State and Zip Code)	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	里。
For further information concerning this matter, please c	all:	ORIDA	1:29
Timothy C Sounders Ir (Name of Person)	at (850) 57do- (Area Code & Daytime Tele	7447	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclo	s &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
	imited Liability Com	npany is:		
Sau		dworks	LIC	•
(Must end with the word	ls "Limited Liability Compa	any, "Limited Company	" or their abbreviation	"LLC," or "L.C.,")
ARTICLE II - A				
The mailing addre	ess and street address	of the principal of	fice of the Limite	ed Liability Company is:
Principal Office	Address:	<u>Mailin</u>	g Address:	
		<u>P.o.</u>	Box 1362	Carrabelle, FI 32322
				
(The Limited Liability C business entity with an The name and the	134 Da Florida Larark O	s of the registered Sound Name Lank a street address (P.O. Moge FL 3 ity, State, and Zip	You must designate an agent are: exs 5 Box NOT acceptable 2322	secretary
liability compo registered agent o statutes relating	any at the place design and agree to act in this to the proper and cor	nated in this certifi s capacity. I furthe mplete performanc	cate, I hereby acc er agree to comply e of my duties, and	ept the appointment as with the provisions of all I am familiar with and in Chapter 608, F.S

(CONTINUED) Page 1 of 2

gent/s Signature (REQUIRED)

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	
Wes	Timothy (Squaders Ir P.O Bax 1362 Carrassals Fi 32322
MGRM	Timothy C Saunder Sr P.O Box 1341 Carrabelle, F1 32322
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SEC TALL
Signature of a member or	An authorized representative of a member 800 000 0000 0000 00000 0000 0000 000
of this document constitute that the facts stated herei	_ ≃≃ 10
Timothy (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)