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SECRETARY OF STATE
TALL AHASSIF, FLORIDA

COVER LETTER

TO:	Registration Son Division of Co			
SUBJI	ect: <i>Larl</i>	BRyant Dryen (Name of Limite	11 and Plasters d Liability Company)	ng Ca
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	condence concerning this matte	er to the following:	
			Name of Person)	
		· ·	canc of reison)	
		, (Firm/Company)	
			(Address)	
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For fur	ther information	concerning this matter, please	call:	
			at ()	•
	(Name	e of Person)	at () (Area Code & Daytime Te	elephone Number)
Enclos	sed is a check fo	or the following amount:		
☐ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carl Bryant Orywall and Pl (Must end with the words "Limited Liability Company, "Limited	aStering LLC ad Company" or their abbreviation "LLC,	" or "L.C.		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	ability (Comp	any is:
Principal Office Address:	Mailing Address:			
1709 Ridgeway Street	Same			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Carl Vernell K Name 2709 Rid Gelson Florida street add Talla. Fla. 333/ City, State, a	egistered agent are: Street lress (P.O. Box NOT acceptable)			

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..

Having been named as registered agent and to accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
mame	Carl Bryant
	2709 Ridgeway Street Talla, FLA. 32
(Use attachment if necessa	у)
CLE V: Effective date, if oth ffective date is listed, the details	er than the date of filing: (OPTIONAL) ste must be specific and cannot be more than five business days prior
LE V: Effective date, if oth ffective date is listed, the definition	er than the date of filing: (OPTIONAL) ste must be specific and cannot be more than five business days prior s.)
CLE V: Effective date, if oth ffective date is listed, the desired days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL) ste must be specific and cannot be more than five business days prior s.)
CLE V: Effective date, if other effective date is listed, the decorate of this document of this document of this document of the date of t	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior g.) E:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)