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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CIRCA LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTOPHER BRYAN PEARLY
(Name of Person)
CIRCA LLC
(Firm/Company)
1405 SOUTH DEFFERSON STREET
MONTICELLO, FL 32344
(City/State and Zip Code)
For further information concerning this matter, please call:
CHRIS PEARY at (850) 342-9888 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ S155.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 SRegistration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLE I - Na The name of the L	.me: Limited Liability Company	is:	,		
CIRCA	LLC				
(Must end with the word	ds "Limited Liability Company, "Lir	nited Company" or their a	bbreviation "L	LC." or "L.C.,"	")
ARTICLE II - Ac The mailing addre	ddress: ess and street address of the	principal office of t	he Ļimited	Liability C	Company i
Principal Office	Address:	Mailing Addre	ess:		
1405 5. 3	Tefferon St.	1405 5	. Jes	leson St	<u>. </u>
Montrello,	FL 32344	Word-cel	O, FL	353119	
	er in the second se	<u> </u>	·	*	
business entity with an	Company cannot serve as its own Renactive Florida registration.) Florida street address of the				
	CHRIS PE	4527			
	Nar	ne		\$	
	1405 S. Je	exteron Sr.			
	Florida street	address (P.O. Box NO)	acceptable)		•
		e, and Zip	2 · (- 1		-
	•	•	_		
liability compo registered agent o statutes relating	ned as registered agent and t any at the place designated i and agree to act in this capa z to the proper and complete ligations of my position as re	n this certificate, I h city. I further agree performance of my (ereby accep to comply v duties, and l	et the appoir with the prov I am familia	ntment as visions of ur with and
	hw	Very			1
	Registered Agent's Sig	nature (REQUIRED)		Den =	, .
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		<i>[</i>].		⊸≋ ⊐	I
				CRETA AHAS	
	(CONT	INUED)		CRETARY AHASSE	
				CRETARY OF STATE AHASSEE, FLORIDA	

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		Char Pear	√		
		1405 5. 20-	Heron St	 ,	•
		MONARCELLO,	FL 323	-14	**
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REQUIRED SIGNATURE:	[[_		
	Mw	Lang	•		
Signature of a n	nember or	an authorized representa	ive of a member	ye*	٠
(In accordance w	vith section t constitutes	608.408(3), Florida Statute an affirmation under the p	s, the execution		• .
(In accordance w	vith section t constitutes tated herein	608.408(3), Florida Statutes an affirmation under the pare true.)	s, the execution		
(In accordance wo f this document that the facts s	vith section t constitutes tated herein	608.408(3), Florida Statute s an affirmation under the p n are true.)	s, the execution		
(In accordance wo of this document that the facts s	vith section t constitutes tated herein	608.408(3), Florida Statute an affirmation under the p are true.)	s, the execution	SE JALI	
(In accordance wo of this document that the facts see Filing Fees;	vith section t constitutes tated herein Typed	608.408(3), Florida Statutes an affirmation under the property of the property of printed name of signee	s, the execution	SE JALI	
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(In accordance wo of this document that the facts s HRIS Filing Fees: \$125.00 Filing Fee for Articles of	vith section to constitutes tated herein Typed of Organiza	608.408(3), Florida Statutes an affirmation under the property of the property of printed name of signee	s, the execution	SECRETARY TALLAHASSEI	ON FER 17 DA