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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GARY E, LAND SR. CARPENTRY L.	10
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GARY E. LAND Name of Person)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GAME LAND St. CAUPENTY LLC 30	1
2905 Ben Stoutamire RD	
TA//AhASSEE FIA 323/O (City/State and Zip Code)	
For further information concerning this matteroplease call: Marke of Person at (850) 567-1833 (Area Code & Daytime Telephone Number)	
Englosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
GARY E. LAND Sr. (Must end with the words "Limited Liability Company, "Limited	d Company for their abbreylation "LLC," or "L.C.,")	
ARTICLE II - Address:	·	
The mailing address and street address of the pri	incipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	5
2905 Ben StoutAmire RD	SAME SSE	<u>.</u> [
TALLAHASSEE, FT 32310		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		ง ว
The name and the Florida street address of the re	egistered agent are:	
GARY E.	LAnO	
Name		
2905 Den	Stautamire RD	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	
(17)	FL - 3231()	
•		
Having been named as registered agent and to a liability company at the place designated in th		
ragistared agant and agree to got in this canacity		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager	ger or Managing Member is as follows: Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	GANY 6. LAND SV. 10 32310
	,
	7ALL 17ALL
	APR 24
(Use attachment if necessary)	30 30
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	. 0 1

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)

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)