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DIVISION OF CURFURATION

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT:
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Bunnie Callow as
_	(Name of Person)
_	
	(Firm/Company)
_	15/8 Branch street 2 3
	(Audiess)
_	jallanassee, FL 3230-35 3
	(Chy/state-and Zip Code) ,— (S — )
For furt	her information concerning this matter, please call:
$\overrightarrow{R}$	Junnie Collow and 80 512 1500
	(Name of Person) at (850) 5/3 /560  (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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:

Image in	
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1518 Branchst .	5
Tall. Fz. 32303	SAME
	·
business entity with an active Florida registration.)  The name and the Florida street address of the	e registered agent are:
	ddress (P.O. Box NOT acceptable)
Tall	FL 32303
City, State	, and Zip
	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	
MARIN	Bunnie Calloway
	Tall. Fr 32303
UGLIN	Shannon Bowell
	1518 Branch St Tallalassee, Fr. 32363
	<u></u>
	•
(Use attachment if necessary)	
(Use attachment if necessary)	
TICLE V: Effective date, if other the	nan the date of filing: (OPTIONAL)
TICLE V: Effective date, if other the	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
TICLE V: Effective date, if other the effective date is listed, the date is 190 days after the date of filing.)	
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FICLE V: Effective date, if other than effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:	
TICLE V: Effective date, if other than effective date is listed, the date is 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a	must be specific and cannot be more than five business days prior  Calloute  member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution
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