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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	iy/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
	CCL50, L	10-	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	d Liability Company)	<del> </del>
min and and Autoin	.60	1 14 10 61	
I he enclosed Afficies of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
	James E. Pe	#17	
$\overline{I}$	DYNAMIC GROW	Name of Person)  Hi Part HIERS	Inc_
		Firm/Company)	
	4524 GUN (		104
M	lest Palm Bed	(Address)	33415
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Tru Hu	//	at (SL) L5L (Area Code & Daytime T	-5217
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CCL50, LLC. (Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Lo317 N. andrews Live Fort Laudendale FL 33309	4524 GUN Club Rd # 104 WPB FL 33415
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
DYNAMIC GROWTH Name 4524 Caun Club Florida street ad West Palm Brach City, State,	Rd # 104  dress (P.O. Box NOT acceptable)  FL 23415  ASSET C PR D  ASSET
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as

ď egisterea 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 or work to be accept the obligations of my position or work to be acceptable. 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	Name and Address:	
"MGRM" = Managing Member	, ,	
MGRH	Jenry Colley	
	4534 GON Chib Kd #104 WPB FL 33415	
Malm	James Pottet	
	4524 CON Club Rd # 104	*
MGRM	Teu Hall	
	4524 GUN Club Rd # 104	
MGKM	William Ma Carreley	
	4524 GON Chil Rd #104	
	WPB 11 33415	
(Use attachment if necessary)		
(Ose attachment if necessary)		
CLE V: Effective date, if other than the		
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL oe specific and cannot be more than five business days	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penaltics of perjury herein are true.)	prior
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in a constitute of the facts of the facts of the facts of the constitute of the facts	per or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penaltics of perjury herein are true.	prior
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated	per specific and cannot be more than five business days are or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.	prior

\$125.00 Filing Fee for Articles of Organization and Designation

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