W60000 65678

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



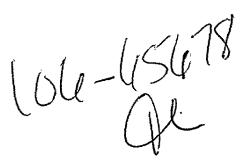
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SECRETARY OF STATE TALLAMASSET, FLORIDA

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COVER LETTER

TO: Registration Se	ection orporations		
SUBJECT:	Sames On (Name of Limite	Struction (d Liability Company)	LC
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	ames R.	Holcomb J	SR
	Sames Co	ASHULLIOND Firm/Company)	LLC
15	7 JK Mor	are Rd.	ALLAHA SECRET
Cra	woodville	4/a. 32321	29 A
	(City	/State and Zip Code)	STS 10. C
For further information	concerning this matter, please	call:	TE TO
Jamesh	Holcomb JR.	at (850) 879	-0063
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 l'iling 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassec, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name: The name of the Limit

The name of the Limited Liability Company is:

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

(CONTINUED)
Page 1 of 2

1	TAS O
ARTICLE IV- Manager(s) or Managi	ng Member(s):
The name and address of each Manager	or Managing Member is as follows: 55
<u>Title:</u> "MGR" = Manager "MGRM" ≈ Managing Member	Name and Address:
mgr.	James R Holcomb JK. 157 JK More Rd. Crawfordville Fl. 32327
# · ·	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days pric
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

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)