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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clinton J. Landrum "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:
Clinton J. Landrum (Name of Person)
Clinton J. Landrum "LLC"
120 Valencia Dr. #85
Tallahassee FLA 32304 (City/State and Zip Code)
For further information concerning this matter, please call:
Clint Landrum at (502) 641-4006 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) ρ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Pagistration Section Pagistration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	TALLS SECOND
Clinton J. Landre (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	120 Valencia Dr. #B5 Tallahassee, ELA 32304
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Clinton J.	
120 Valencia.	0r. #B5
	ress (P.O. Box NOT acceptable)
Tallahassee City, State, ar	FL 32304 ad Zip .
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	ccept service of process for the above stated limited as certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with sistered agent as provided for in Chapter 608, F.S.

Registered Agent' Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MG RM"	Clinton J. Landrum 120 Valencia Dr. #BS Tallahasse FLA 3230
·	
	TALLAHATA
	SSEE FLORE
(Use attachment if necessary)	07A

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

Signature of a member or a nauthorized 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 facts stated herein are true.)

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)