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SECRETARY OF STATE

wfl

COVER LETTER

Division of C			
SUBJECT:	Eart	hworx	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Sha	ne Lo Dill Name of Person)	
	E	arthworx	•
	_ ((Firm/Company)	-
	1580	Panther S	st ·
	Ovî Gir	edo, FL 37	765
	(City	rotate and Esp Code)	
For further information	n concerning this matter, please	call:	
Leigh F	nn Dill	at (407) 360 (Area Code & Daytime T	5-05 <u>[]</u>
(Nan	ie of Person)	(Area Code & Daytime 1	elephone Number)
Enclosed is a check	for 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	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

UVILLAD, FL 37165	Driedo, FL 32765
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Sh	rane Dill
	Name
<u> [580</u>	Parther St. a street address (P.O. Box NOT acceptable)
Ovi	edo 1 37765
C	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of al mplete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S
ρ	

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M6R	Léigh Ann Dill 1580 Panther St.
_MGRM	Shane Dill 1580 Panther St. Oviedo FL 32765
······································	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
Signature of a mer	her or an authorized representative of a member.
of this document co	exection 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.) PLANT IN TYPE 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)