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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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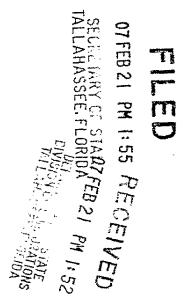


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COVER LETTER

TO: Registration Solution of Co			
SUBJECT: Gri	Hee TRIM (Name of Limite	2ARPENTR (ed Liability Company)	1, LLC
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
_Gre	eg Griffe	(Name of Person)	
Gr	iffee TRIN	CARPENT (Firm/Company)	RY, LLC
207	4 MIDUETE	RD APT. 8	316
TATIAN	ASSEE, FLI	A. 32301 /State and Zip Code)	T SEC
For further information of	concerning this matter, please	call:	EB 21 AHASS
Greg Gr (Name	of Person)	at (850) 363 (Area Code & Daytime To	نسب يستم
Enclosed is a check fo	r the following amount:		55 ATL DRIDA
\$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	Street/Courier Addres Registration Section Division of Corporation	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CRIFFEE TRIM CAR PENTRY LLC. (Must end with the words "Limited Liability Company, "Limited 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	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	The mailing address and street addres	ss of the principal office of the Limited Liability Compar	ny is:
	ARTICLE II - Address:		

ARTICLE I - Name:

Trincipal Office Address.	MARINE MUGICSS.	
2074 MIDYETTE RD.	SAME	_
APT. 816 PALIDUASCES FIR 32-301		<u></u>
111111111111111111111111111111111111111		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration of t	ered Agent. You must designate an individual or anoth	
City State at	nd 7in	

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 (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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Greg GRIFFEE 2014 MIDUFIE RD AINAHASSE, FLA. 32301
	OF FEB
(Use attachment if necessary)	ASSEE, FL
ARTICLE V: Effective date, if other than the d	ate of filing: ROPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	h.

Signature of a member or an authorized 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

Typed 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)