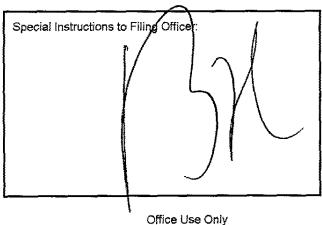
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(1	Business Entity	Name)	<del></del>
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Special Instructions	to Filing Office		





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SECRETARY OF STATE DELANASSEE, FLORIDA PAYISLONG SEPT PLORIDA

ALLAHASSEE, FLORIDA PAYISLONG SEPT PLORIDA

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Hank J	GuidRY (	LC_
	(Name of Limite	ed Liability Company)	
			型
The enclosed Articles of	of Organization and fec(s) are s	submitted for filing.	A R
Please return all corresp	pondence concerning this matte	er to the following:	Par w
	Ron E	Benfield	SEE. TO
	(	Name of Person)	ORICE ORICE
		(Firm/Company)	<del></del>
	58 Sioux C	Tiecle	
<del></del>		(Address)	
	Havana, 9.	32333	
	` (City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
_Ron_	Benfield	at (850) 53	39-5771
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	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)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addres	
	Registration Section	Registration Section	

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

ARTICLE I - Name: The name of the Limited Liability Company is:	超量人
THE HAME OF the Chimed Liability Company is.	一种人
Hank J. Guidry LLC	· 1000 1000 1000 1000 1000 1000 1000 10
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC,"	or L.C.
ARTICLE II - Address:	ability Company is:
The mailing address and street address of the principal office of the Limited Li	Tomey Company is.
Principal Office Address: Mailing Address:	
58 Sioux Circle 58 Sioux Circle	<u>.</u> 333
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indivibusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Ron Benfield	• • •
Name 58 Sidux Circle	
Florida street address (P.O. Box NOT acceptable)	•
Howara FL 32333	<del></del>
City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Complete.	e appointment as the provisions of all n familiar with and
Ra Bella	٠
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 "MGRM" = Managing Member	Name and Address:	
MGRM	Hank J Guidky 58 Sioux Cacle Havara Pl 32333	All Control
MGRM	Corey Griffin 58 Sidux Circle Howana, F1 32333	اد اما در استان استان استان
		,
	te of filing: (OPTION pecific and cannot be more than five business da	
	Bill ran 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	
- Ron Typed	Bentield	هو سده د پي

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)