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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stephen Glover's Francing L.L.C. (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:		
Stephen Glover		
(Name of Person)		
Stephen: Glover's Framing LLC. (Firm/Company)		
38 Clinton Ln.	07 H	
(Address)	<u> </u>	ess Ci
Crawfordville, FL. 32327		
(City/State and Zip Code)	PH 12: 48	Ų
For further information concerning this matter, please call:	1A17	
Stephen Glover at (850) 694-7191 (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

ρ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

ρ \$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 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:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
incipal office of the Limited Liability Company is:		
Mailing Address:		
38 Clinton Ln. Crawforduille FL 32327		
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another H		
egistered agent are: SSEE, FLORI		
Iress (P.O. Box NOT acceptable)		
FL 3232り and Zip		

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:
MGRM	Stephen Glover 38 clinton Ln CrawFordville, Fl. 32327
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days ng.)
REQUIRED SIGNATURE:	
Signature	
(In accordance voil this document that the facts s	with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penaltics of perjury stated herein are true.)
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)