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TALLAHASSI ELFLORIDA



COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Name of Limite	HOLD ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
Jay	nes Wath	(Name of Person)	<u> </u>
	·	(Firm/Company)	·
.			
1572	1 Sandy Cr	(Address)	
Ta	11 FL 3	3335 9 y/State and Zip Code)	
For further information of	concerning this matter, please	call:	
(Name	of Person)	at ()(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
135125.00 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	7 AUG 14 ECRE TARY LAHASSEI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
James Wattord (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	_		
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Lia	ibility (Comp	any is:
Principal Office Address:	Mailing Address:		•	
15721 Sandycreeket Toll FL 32309	Same		<u> </u>	
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:			
Sames War	ford			
5721 Sandy C	ress (P.O. Box <u>NOT</u> acceptable)			
City, State, an	FL 32309 nd Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accept the ty. I further agree to comply with performance of my duties, and	ne appo th the p I am fa Chapt	intme rovis milia	ent as cions of or with
Registered Agent's Signatu		SECRETARY OF STAIL TALLAHASSEE, FLORIDA	07 AUG 1 4 PH 4: 24	
Page 1 of 2	J ev j	D'E A	•	
rage 1 01 2				

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r ,
MGRM	June 5 1. 1278012 15721 Sandy Creek
	James Warfeld 15721 Sandy Cock Jan FL 32309
·	
	
LE V: Effective date, if other the	nan the date of filing: (OPTIO
ffective date is listed, the date of fil	e must be specific and cannot be more than five busi
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LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of fill REQUIRED SIGNATURE: (In accordance of this document)	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury
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ARTICLE IV- Manager(s) or Managing Member(s):