

**		
(Requestor's Name)		
(Address)		
(Address)		
( same as,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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**EXAMINER** 

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	(Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Kimberly Hauser (Name of Person)
-	(Firm/Company)
	2926 Shoreline DR (Address)
-	AG 26 Shore line DR (Address)  Chipley F/ 32428 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
	Kimberly Houser at (850) 819-8255 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
<b>⊒\$</b> 125.0	Of Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")
ry Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
11811112 11881 4004
2926 Shore line DR Chipley F1 32428
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another agistered agent are:  House  PH  ESS (P.O. Box NOT acceptable)  FL 32428  ad Zip

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

The name and address of each	The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:		
_mGR	Kimberly Hauser 2926 Shore line DR Chipley Fl 32428		
MGRM	Toby Houser 2926 Shoe line DR Chipley F1 32428		
·			
(Use attachment if necessary)  RTICLE V: Effective date, if other t f an effective date is listed, the date or 90 days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior		
REQUIRED SIGNATURE:			
<del></del>	Kinkerly Uceuses		
(In accordance of this docume	with section 608:408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)		
	Kimberty Hauser Typed or printed name of signee		
Filing Fees:			

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

4 . . .

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)