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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
 Account Number : I20010000112
 Phone : (302)575-0875
 Fax Number : (302)575-0925

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Seraph Services LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Seraph Services LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **4549 NW 162nd Court, Chiefland, FL 32626.**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Justina Raith Russell
821 Stemma Rd., #7
Largo, Florida 33770**

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.

Justina Raith Russell
Justina Raith Russell

ARTICLE IV - Management (Check box if applicable.) []

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Manager:

The Initial Manager(s) of the Limited Liability Company shall be:

Robert Olin Leflew

Robert Olin Leflew

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.)

Robert Olin Leflew
Typed or printed name of signer

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