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## **COVER LETTER**

то:	Registration Division of O	section Corporations		ALL DHE
SUBJE	ECT:	TWR Hay Jasm Name of Limited	Liability Company	ASSEC. F
The en	closed Articles	of Organization and fee(s) are sub	omitted for filing.	ORIU
Please	return all corre	spondence concerning this matter	to the following:	
	•	Thaine O L	Jarren Amme of Person	
		110	and of reison	
		r:	rm/Company	
		2685 103.4	Rd	
			Address	•
		Live Oak FL	32040 tate and Zip Code	
		City/S	tate and Zip Code	
-		E-mail address: (to be used for	future annual report notification)	
For fur	ther informatio	n concerning this matter, please ca	all:	
		O Warren a e of Person		380   Jone Number
Enclos	ed is a check	for the following amount:		
<b>\$125</b> .	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(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 Cir	rcle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Name 2685 103rd Rd Florida street address (P.O. Box NOT acceptable) 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

## Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Thaine O Warren 20185 103 rd Rd Dr. Live Oak FL 32060
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fective date is listed, the date mu	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
LE V: Effective date, if other than	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with of this document of this document of the date)	the date of filing: