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(Requestor's Name)
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EXAMINER

COVER LETTER

TO: Registration S Division of Co	rporations		
SUBJECT:	Valy Mol	oile Home Skir led Liability Company	ting LL.C.M.
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	3
Please return all corresp	ondence concerning this mat	ter to the following:	•
	Jody L	Name of Person	
		Name of Person	
		Firm/Company	
		тип/сошрану	
_1068	Midway R	d . Address	
		Aduless	
	Airo, GA. 3	9828 by/State and Zip Code ad Stream net for future annual report notification)	
0+	Cit	sy/State and Zip Code	
K1	E-mail address: (to be used	for future annual report notification)	
	concerning this matter, please		
Ann Sca	of Person	at (<u>229</u>) <u>403</u> Area Code & Daytime Telep	1929 hone Number
Enclosed is a check fo	r the following amount:		
	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S160.00 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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE TOTAL OF STREET OF THE PROPERTY OF THE PRO
ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Limited Liability Company is: Ouglity Mobile Home Skirting LiLC. (Must end with the words "Limited Liability Company." L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company
Principal Office Address: Mailing Address:
1068 Midway Rd 1068 Midway Rd CAiro, GA 39828 CAiro, GA 39828
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:
Matt Bennet
Florida street address (P.O. Box NOT acceptable)
Crawfordy.//k FL 32327 City, State, and 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..

/s/ MATT BENNET

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manager	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGR</u> M	Jody L. Scott 1068 Midway Rd CAiro, GA 39828
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL e specific and cannot be more than five business days
Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated her	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)
Jod-	ped or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)