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## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Attorney Car R Hayes, L. L. C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carl Roland Hayes Name of Person
Attalney Carl B. Hayes, L.L. C.
308 E. Dr. M.L. K. Blud., Swite I
Tampan Florida 33603
City/State and Zip Code  New 48 ( -
For further information concerning this matter, please call:
Cart Hayes at \$13 2372395  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Attorney Carl R. Ha (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
308 F. M.L. King Blod	308 6. M.L.K. BIVL. = 2500 Suito 6 Tampon, Flan 3760 38
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg	istered agent are:
308 E. Dr. W. Florida street address	M.L. Kry Blvd., Suete E ss (P.O. Box NOT acceptable)
City, State,	and Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	Title: "MGR" = Manager "MGRM" = Manager		Name and Address:		
	MGR	-	Carl Hayes 308 E. M.L.K Blud suite 5, Tarpa, Fle	330	æB
		_			
		- 			
RTIC	(Use attachment if a	te, if other than the dat	e of filing: 2/11/2011 (OPTION		
an e	CLE V: Effective date	te, if other than the dat I, the date must be sp	e of filing: 2/11/2011 . (OPTION ecific and cannot be more than five business d		rior ŐV
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an e	CLE V: Effective data ffective date is listed days after the date REQUIRED SIGN	te, if other than the dat I, the date must be sp of filing.)  NATURE:	e of filing: 2/11/2011 (OPTION ecific and cannot be more than five business of	lays p	rior DIVISION OF CORPOS
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\$125.00 Filing Fee for Articles of Organization and Designation

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