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SECRETARY OF STATE
ANASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lamar Higglous Custon Tim LLC.  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:
Lamas Hadan
Name of Person
Lamar Higdon's Custom Trim LLC
59 Bunker Rd.
Rotouda West, Fla 33947
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lawar Higdon at (941) 662-5282  Name of Person at (941) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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 Circle Tallahassee, FL 32301
Tantallasses, 12 32501

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page 1 of 2

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager	Name and Address:	
	"MGRM" = Managing Member	Lamar Higdon 59 Byntse JRd Rotonda West, Fla 33947	
ARTIO	(Use attachment if necessary)  CLE V: Effective date, if other than the date of the date is listed, the date must be set that the date of	ate of filing: 5, 201. (OPTIONAL)	
	0 days after the date of filing.) <u>REQUIRED</u> SIGNATURE:	SECRET TALLAH	
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 a make I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.8 17.155, F.S.)  Typed 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)