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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 1 9 2012

COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJ	ECT:	Terry James of Limit	ed Liability Company	, <u>1</u> 4C
The en	closed Articles	s of Organization and fee(s) are	submitted for filing.	
Please	return all corre	espondence concerning this matt	ter to the following:	
		Terry Jan	Name of Person	
			es Carpentry Firm/Company	
		816 DONNE	11 phace	SE SE
		Daytona Beac	h FL 32/	LAHASS
	7	•	or future annual report notification)	
For fur	ther information	on concerning this matter, please	call:	: 05 FATE ORIDA
Te	Erry F	UNGE_ ne of Person	at (<u>386</u>) <u>255</u> Area Code & Daytime Tele	7-2637
Enclos	sed is a check	for the following amount:		
[\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	v is:
or and Emmed Elability Company	<i>y</i> 15.
Tenry James C	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited)	Liability Company, "L.K.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne 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:

Terry James Funge

Name

816 Donnelly Place

Florida street address (P.O. Box NOT acceptable)

Oaytons Beach

City, State, and Zip

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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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM_	Terry James Funge 816 Downellis Place Daytona Busch FL. 32114
	DEC. 3
	AR 6 AH D
	ORIDA
777	
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: (OPTIONAL) be specific and cannot be more than five business days
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CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: (OPTIONAL) be specific and cannot be more than five business days p days j description of a member.
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean of the constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State bony as provided for in s.817.155, F.S.)
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