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Special Instructions to	Filing Officer:	
	Δ	. LUNT
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Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporation	15				
SUBJ	ECT: <u>Cutti</u>	Name of Limit	ge Wasc	ncy	LLC	,
The en	nclosed Articles of Organiza	ntion and fee(s) are	submitted for filing.			
Please	return all correspondence of	concerning this mat	er to the following:			
	William	T. Jou	Name of Person			-
	Cutting	Edge	TM250NTY Firm/Company	LLC	, 	-
	3192 Old	Federa	Road Address		PSE S	~~
	Quincy	F _L	3235 [yy/State and Zip Code		A TIMES OF THE PROPERTY OF THE	
	TWO SO E-mail	address; (to be used	or future annual report notificati	OM ion)	9; 09 FEL DR	
For fu	rther information concerning	ig this matter, pleas	e call:		Dm P	
<u>ري</u>	Person	pepels	_ at (<u>\$50</u>) <u>36</u> Area Code & Daytime	3-600 e Telephone Num	ber	
Enclo	sed is a check for the fol	lowing amount:				
\$125.0		00 Filing Fee & ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	Certific d) Certifie	Filing Fee, cate of Status & Copy cal copy is enclose	
	Regist Divisi P.O. E	ng Address ration Section on of Corporations Box 6327 hassee, FL 32314	Street/Courier Ade Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	:	•	
Cutting Edge Ma (Muslend with the words "Limited Liabi	50 nry LLC. ility Company, L.L.C.," or "LLC.")	TALIFAHA	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited L	iability Gorinany s.	٠ ٦
Principal Office Address:	Mailing Address:	G G G G G G G G G G G G G G G G G G G	
3192 Old Federal Rd Quincy, FL 32351	Same		
APTICI F III Pagistared Agent Registere	d Office & Registered Agent	's Signature	

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:

ARTICLE I - Name:

Name

3192 Old Fefederal Road

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

Ovincy FL 32351

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..

Registered Agency Signature (REQUIRED)

(CONTINUED)

Manager ≃ Managing Member	Name and Address:
<u>.m</u>	William Joyner 3192 Old Federil Road Quincy, Fla. 32351
	SECRE
·	ANY OF STATE
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