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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

## COVER LETTER

TO: Registration Division of C				
SUBJECT:	C.E.C.F., LLC Name of Limited I			
	Name of Limited I	iability Company		
The enclosed Articles	of Organization and fee(s) are sub-	nitted for filing.		
Please return all corres	pondence concerning this matter t	o the following:		
	CHARLES E. ADO	LOCK TIT		
<del></del>	Na	me of Person		
<del></del>	Fir	m/Company		
	6503 SAYLERS	CREEK CT.		
	77 4010	Address		
•	TAMAHASSEE FL	32309		
	City/St	ate and Zip Code		
	TAUAHASSEE, FL City/St Cadcock (6 E-mail address: (to be used for f	ture annual report notification)		
For further information	n concerning this matter, please ca			
0 0	A 511			
CHARLES E.	ADcock III at	Area Code & Daytime Telephor	ne Number	
Enclosed is a check	for the following amount:	_		
<b>]</b> ≸125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circl Tallahassee, FL 32301	CHETARY CHETARY LAHASSE	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(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 is:
Principal Office Address:  Mailing Address:
USO3 SAYLERS CREEK GT. 6503 SAYEERS CREEK GT. TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309
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:
CHARLES E. ADCOCK, III.  Name  6503 SAYLERS CREEK G.
Name
6503 SAYLERS GREEK G.
Florida street address (P.O. Box NOT acceptable)
TALLAH ASSEE FL 32309  City, State, and Zip
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 Agent's Signature (REQUIRED)  (CONTINUED)  Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Managing Member    MGRM" = Managing Member	"MGR" = Manager	Name and Address:
MGRM  CHAPLES E. ADCOCK, III.  USD 3 SAYLERS CREEK CT.  TALLAHASSEE FL 32309  KIMBERLY J. ADCOCK  650 3 SAYLERS CREEK CT.  TALLAHASSEE, FL 32309  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days 0 days after the date of filing.)  REOUIRED SIGNATURE:  (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 are true. 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.817.155, F.S.)  CHARLES E. ADCOL JI  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.00.0 Certified Copy (Optional)	"MGRM" = Managing Member	•
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		CHARLES E. ADCOCK, III.
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR	KIMBERLY J. ADCOCK 6503 SAYLERS CREEK CT.
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
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 are true. 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.817.155, F.S.)  CHARLES E. ADCOCK III  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	effective date is listed, the date m	nust be specific and cannot be more than five business days p
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\$ 5.00 Certificate of Status (Optional)	effective date is listed, the date model of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a model of a model of the degree of Registered Agent	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)  Typed or printed name of signee