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Office Use Only



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Effective Date 10/1/12

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARTER RESTORATION, L. 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:
LATUNYA K. Carter
CARTER RESTORATION
Firm/Company
798 South Verona Ave
AVON PARK, FL 33825 City/State and Zip Code
LATUNYA . Carter @ Mahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LATunya Carter at (863 452-2821 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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

Effective Date 10 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

LATURIA V Carter

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

ATTOTION No. OUT TO		
Name		
200 E. Cornell St.		
Florida street address (P.O. Box NOT acceptable)		
Avon Park FL 33825		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apportant agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter	ointme ovisio liar wi	nt as ns of all th and
Registered Agent's Signature (REQUIRED)	12 JUL -	SECRET SECRET
(CONTINUED)	9	20 A A A A A A A A A A A A A A A A A A A

Page 1 of 2

The name and the Florida street address of the registered agent are:

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Director	LATUNYA K. Carter 200 E. Clornell St. Avon Park, FL 33825
	
(Use attachment if necessary)	
(Ose attachment if ficeessary)	Dataloga I 2012 commerce

ARTICLE V: Effective date, if other than the date of filing: October 1, 2012. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

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)

SECRETARY OF STATE DIVISION OF CONTONATIONS