2/2000/525-30

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Conservation leads) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| A. LUNT |
| DEC - 6 2012 |
| EXAMINER |

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COVER LETTER

| COVEREETTER | £193 |
|---|---------|
| TO: Registration Section Division of Corporations | 3000000 |
| SUBJECT: Carg O 57 Per The UC Name of Limited Liability Company | £ 1.11. |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Crary O'steen | |
| Name of Person | — |
| Cary O'steen T. Se Firm/Company | |
| Firm/Company | |
| 400 Munat Street Address Yallahassee , Fl. 32304 City/State and Zip Code | |
| FATTAWASSEE FT. 52504 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Comment of the second of the s | |
| Name of Person at (850) 575-1351 Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$\frac{1}{2}\$\$125.00 Filing Fee \times \text{\$\sum \sen \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \exitting \sen \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \exittin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \text{\$\sum \exittin \text{\$\sin \text{\$\sin \text{\$\sin \tx}}}}}}}}}}}}}}}}}}}}}}}}}} }}}}}}}}}} \engthrow \tex | |

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT | TY COMPANY |
|--|--------------------|
| ARTICLE I - Name: | CO CO |
| The name of the Limited Liability Company is: | - |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | STORY IN |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | 26 |
| ARTICLE II - Address: | 0 (47) |
| The mailing address and street address of the principal office of the Limited Liab | oility Company is: |

| 400 morat St. | you murat st. |
|----------------|------------------|
| Tallanussee fl | TALLAMSSEE, F.L. |
| 32304 | 32304 |
| • | |

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:

Name

TAIINLASSEE FI.

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

TAIIALASSEE FL J2304

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

| Tido. | Nome and Address. |
|--|---|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Men | Name and Address: |
| Marm | Comy D'steen 2100 Musst St. Yallalms see, F/ 323 09 |
| | |
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| LE V: Effective date, if other | er than the date of filing: (OPTION date must be specific and cannot be more than five busing |
| LE V: Effective date, if other of the date is listed, the dots or 90 days after the date of | er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.) |
| LE V: Effective date, if other fective date is listed, the dot or 90 days after the date of REQUIRED SIGNATURE | er than the date of filing: (OPTION date must be specific and cannot be more than five busing filing.) |
| LE V: Effective date, if other fective date is listed, the door 90 days after the date of | er than the date of filing: |
| ffective date is listed, the door 90 days after the date of REQUIRED SIGNATURE Signature of Constitutes an affirm I am aware that any inconstitutes a third deconstitutes at the decons | er than the date of filing: (OPTION date must be specific and cannot be more than five busing filing.) E: If a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State |

Page 2 of 2