## 113000031627

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Courier Address  tion Section  n of Corporations  Building secutive Center Circle ssee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATTICLES OF OROSEVEZYTION FOR E		1 COMPANI	
ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Collins & Truett, LLC.			
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pri	ncipal office of the Limited Liabi	ility Company is:	
Duinsing! Office Address.	Mailing Adduses		
Principal Office Address:	Mailing Address:		
1690 High Grove Road	4690 High Grove Road		
Tallahassee, Florida 32309	Tallahassee, Florida 32309	<del></del>	
ARTICLE III - Registered Agent, Registered			
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individua	al or another	
The name and the Florida street address of the re	egistered agent are:		
Richard B Collins			
Name			
4690 High Grove Road			
	ress (P.O. Box NOT acceptable)		
Tallahassee, FL 32309	FL		
City, Sta	te, and Zip		
Having been named as registered agent and to a			d
liability company at the place designated in the			
registered agent and agree to act in this capaci all statutes relating to the proper and complete	ty, I juriner agree to compty with p performance of my duties, and I	am familiar with	
and accept the obligations of my position as reg			
	, , , ,	-	
St. BUM	1 -		
Registered Agent's Signatu	are (REQUIRED)		
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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	
WORW — Wanaging Weinber	
MGR	Richard B Collins
	4690 High Grove Road
	Tallahassee, Florida 32309
,	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
(If an effective date is listed, the date morior to or 90 days after the date of filing	nust be specific and cannot be more than five business days
<b>REQUIRED SIGNATURE:</b>	
Signature of a mer	mber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false in	608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Richard B Collins	
	Typed or printed name of signee AFF B
Filing Fees:	(A)
\$125.00 Filing Fee for Articles of O	rganization and Designation
of Registered Agent \$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	