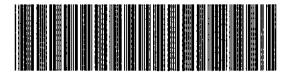
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registr

Registration Section
Division of Corporations

SUBJECT: The Cantrell Associate, LLC

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:

Angel T. Casady		
Name of Person		
The Cantrell Associate, LLC		
Firm/Company		
3401 Country Club Court		~;
Address		<u> </u>
Lynn Haven, FL 32444	7 7 1 1 2 7 1 2 7	7013 OCT
City/State and Zip Code	3575 351-5	ယ်
angelcasady@gmail.com		TO TIT
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	10 24 10 77 10	3 55
Angel T. Casady850 _ 387-5883		
Name of Person Area Code & Daytime Telephone Number	Γ	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee & □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	e of Sta Copy	atus &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The Cantrell Asso	ociate, LLC		
		ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a		f the principal office of the Limited Liabil	lity Company is:
Principal Off	<u>ice Address:</u>	Mailing Address:	
3401 Country Clu	ab Court	3401 Country Club Court	
.ynn Haven, FL	32444	Lynn Haven, FL 32444	
			
The Limited Liabi business entity wi	lity Company cannot serve as its ow th an active Florida registration.)	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individual	l or another
The Limited Liabi business entity wi	lity Company cannot serve as its ow ith an active Florida registration.) the Florida street address of	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individual	ignature: l or another 22 22 23 24 25 27 27 27 27 27 27 27 27 27 27 27 27 27
The Limited Liabi business entity wi	lity Company cannot serve as its ow th an active Florida registration.)	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individual of the registered agent are:	Tor another 2013 OCT — Company of the company of t
The Limited Liabi business entity wi	lity Company cannot serve as its ow ith an active Florida registration.) the Florida street address of	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individual of the registered agent are:	Tor another 2013 OCT -3
The Limited Liabi business entity wi	lity Company cannot serve as its ow ith an active Florida registration.) the Florida street address of	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individual of the registered agent are:	Tor another 2013 OCT -3 PM
The Limited Liabi business entity wi	lity Company cannot serve as its ow ith an active Florida registration.) the Florida street address of Angel T. Casady 3401 Country Club Court	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individual of the registered agent are:	Tor another 2013 OCT - 3 PM

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:

<i>မ်</i> ာ မ	MGRM	Angel T. Casady	
		3401 Country Club Court	
		Lynn Haven, FL 32444	
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(Ose attachment if necessary)	(Use attachment if necessary)		
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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.)

Angel T. Casady

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)