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COVER LETTER

Division of C								
SUBJECT:	Sam's e.	Sam's Limited Liabil	CARPE	NTRY	عو کہ	eclali	18 T	
The enclosed Articles	of Organization and fee(s	s) are submitted	for filing.					
Please return all corres	pondence concerning thi	s matter to the	following:					
•	SAMUE	L Name of	Kenp	Je				
	SAM'S !	Sam's Firm/Co	CARPE	entry	1 54	ecial	isī	_
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	HiALEAH Samu 309 E-mail address: (to be	Kemb	o Cmc	dil.	com	<u> </u>). 130	T.
For further information	concerning this matter, p		•	·		NRY NRY	-2	
SAMUEL	N. Kempa	R. at (86) 28 Area Code & Daytime	6-37 Telephone	219 Number	DF-STATE	PM 4: 06	
Enclosed is a check f	or the following amou	nt:						
\$125.00 Filing Fee	□\$130.00 Filing Fee Certificate of State	is Cert	.00 Filing Fee & fied Copy ional copy is enclosed	Cer i) Cer	0.00 Filing tificate of S tified Copy itional copy is	Status &		
	Malling Address		Stungt/Couries & del	luana				

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

San's & San's Carpenter, Special; st LL.C.

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

Mailing Address:

ARTICLE II - Address:

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

Principal Office Address:				
295	N.W.	425+		
Wix m		43127		

P.O. BOX 173567 HIALEAH, FLA. 33017

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:

Samuel N. Kenp Le.

Name

295 N.W., 42 St.

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

Miami, Fla. FL 33127

City. State, and Zip

2018 DEC -2 PH 4: 06
SECRITARY OF STATE
FAUL AHASSEE FLORIDA

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 (REQ IRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 1 1 26 13

. ",	The name and address of each Manager or Managing Member is as follows:		
_	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_	PRESIDENT	SAMUEL N. KEMPAR. 295 N.W. 42 St. Minmi, Fla. 33027	
	SECRETARY	Samuel N. Kemp JR, Mimi, FW. 33127 295 N.W. 425+,	
	IREASURER	SAMUEL N. KEMDJR. 795 N.W. 423+ Minmi, Fla. 33127	
(If an e	(Use attachment if necessary) CLE V: Effective date, if other than the date effective date is listed, the date must be or 90 days after the date of filing.)	te of filing: 1 26 13 (OPTIONAL) e specific and cannot be more than five business days	
	REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.	
	(In accordance with section 608.408 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as I	penalties of perjury that the facts stated herein are trite. on submitted in a document to the Department of States	

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)