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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. BHOUR

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 4168	on's better build	ing	
	Name of Limit	ed Liability Company	
	f Organization and fee(s) are so	-	
	n A. Gibso	-	
		Name of Person	
		Firm/Company	
1444			
1011	Springcreek	HWY Address	
	-		
Crawfor	dville FL 3	> 2 5 2 1	
101	Cit	y/State and Zip Code for future annual report notification)	建 路
Wipercen	+ 269@gmail · Con E-mail address: (to be used in	for future annual report notification)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	concerning this matter, please		
Jason A. 6165	on	at (850 727-620	5 on
	of Person	at () Area Code & Daytime Telephone	
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy dittional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Gibson's better buildings L (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
sane	Crawford Alle FL 32327
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 individual or another
The name and the Florida street address of the re	
Jasen A Gibson Name	
1844 springereck Hwy Florida street addi	• • • • • • • • • • • • • • • • • • •
Florida street addi	ress (P.O. Box NOT acceptable)
<u>Crawford ville</u> City, Stat	FL 32327 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete and accept the obligations of my position as reg	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	Jason A. Gibson
MGRM	1044 compresent Hans
Maria	CrawfoodVHIE FL 32327
	Crawford MIE FC 32321
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(Use attachment if necessary) LE V: Effective date, if other than t	he date of filing: . (OPTION
LE V: Effective date, if other than t	he date of filing: (OPTION ast be specific and cannot be more than five busing)
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LE V: Effective date, if other than t ffective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five busin
LE V: Effective date, if other than t ffective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under the section 6 constitutes and 6 cons	ber or an authorized representative of a member. 308.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
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