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SECRETARY SECRETARY

COVER LETTER	世紀 十二
TO: Registration Section Division of Corporations	题。5
SUBJECT: Cedric Calloway L.L.C. 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:	
Cedric Callowely Name of Person	
•	
Firm/Company	
1306 Fairy Ave.	·····
Panama City FL 32401 City/State and Zip Code	
Cedric Callouxy II (a) Uchoo, (or E-mail address; (to be used for future armual report notification)	ν
For further information concerning this matter, please call:	
Mame of Person at (850) 358-4528 Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an another business entity with an active Florida registration.)	individual or
The name and the Florida street address of the registered agent are: Cedric Kyle Calloway Name 13010 Fairy Ave. Florida street address (P.O. Box NOT acceptable) Parama FL 32401 City Zip Having been named as registered agent and to accept service of process for the above stated limited	
the place designated in this certificate, I hereby accept the appointment as registered agent and c capacity. I further agree to comply with the provisions of all statutes relating to the proper and co of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S Registered Agent's Signature (REQUIRED)	mplete performance
(CONTINUED)	ASS T
Page 1 of 2	FILES THO

Title	Nama and Address:	
Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Codein Callanni	
	Cearle Canbrudy	
AMBR	Panama, aly FL 32401	
	7.00	
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	*** *** *** *** *** *** *** *** *** **	
		
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(Use attachment if necessary)		
•	e of filing:	
E VI: Other provisions, if any.		
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E VI: Other provisions, if any. REQUIRED SIGNATURE:	711	
REQUIRED SIGNATURE:	Pallung	
REQUIRED SIGNATURE: Signature of a mo	ember or an authorized representative of a member.	nent.
REOUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to	605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	e.
REOUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trunformation submitted in a document to the Department of States.	e.
Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false it constitutes a third degree for	605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trunformation submitted in a document to the Department of State Telony as provided for in s.817.155, F.S.)	e.
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