L/40000034265

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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2014 FEB 12 M (3-53

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COVER LETTER

TO: Registration Division of C			wet en	
SUBJECT:) 7 G Techn Name of Lim	nology LLC.		450
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:	Ş	Ħ
Ga	rrett J	Name of Person		
Db	Cr Techno	Tim Company	_·	
85/	Bainbrio	Ige Hwy Address		,
Qu	incy, 71	3 23.5 2 ity/State and Zip Code		
pwell		I for future annual report notifica	tion)	
For further information	n concerning this matter, plea	se call:		
Garrest	Powell F at ($\frac{800}{\text{Area Code}} \frac{443-924}{\text{Daytime Tel}}$	ephone Number	
Enclosed is a check fo	r the following amount:			
□ \$125,00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Address	Street/Courier Add	ress	

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

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	erri Total III
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
Ruincy, Fl. 32352 Havana, Fl. 32333	
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:	
Dereck Sailor Name	
Florida street address (P.O. Box NOT acceptable)	
Havona FL 32333 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability come the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided a Chapter 605, F.S	this mance
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

The name and address of each person authorized	orized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Correct J Powell J B SSO S/GSh Gr MJway, 7/32343
MGR	Dereck Sailor 166 Tobacco Rd. Havana, Fl. 32333
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.)	filing: April 30, 2014. (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Lovele &
(In accordance with section 605. constitutes an affirmation under t I am aware that any false informa	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Garrett	Typed of 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)