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MAR 2 0 2014

T. BROWN

## COVER LETTER

Division of Cor			
SUBJECT: COA	1BOYS RO Name of Lin	WEING AND RE nited Liability Company	Aburtions, LLC
The enclosed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please return all correspo	ndence concerning this ma	atter to the following:	
- Cha	ndes (e. B)	eight	
		-	
cau	ROVS ROOM	ng and Rencett	i. Uns
<del></del>		Firm/Company	
321	SO SHADOWS	97.	
	· · · · · · · · · · · · · · · · · · ·	Address	
Quin	Cy, FC 3230	ity/State and Zip Code	
		ny/state and Zip Code	
	E-mail address: (to be used	d for future annual report notifica	tion)
For further information c	oncerning this matter, plea	ase call:	
Name (	at (at (	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	ne following amount:		,
	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	g Address ation Section on of Corporations ox 6327	Street/Courier Addi Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	To a	7	
The name of the Limited Liability Company is:		MA MA	
COWBOVS ROUTING AND REMOVERTIONS LLC		R 20	· · · ·
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	111	320	1
ARTICLE II - Address:	OS:		•
The mailing address and street address of the principal office of the Limited Liability Company is:	출시 공개	TH 10: 43	
Principal Office Address: Mailing Address:		-	
321 80. SHADOW ST 32150 SHADOW S	To		
bully Florest Outlines			
1 3031 3007			
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 another business entity with an active Florida registration.)	ı individu	al or	
The name and the Florida street address of the registered agent are:			
Charles JR. Rainlet			
Name			
32/ 80. SHADOW BT.			
Florida street address (P.O. Box NOT acceptable)			
City FL 32351			
/City Zip			
Having been named as registered agent and to accept service of process for the above stated limite the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and cof my duties, and I am familiar with and accept the obligations of my position as registered agent	agree to c omplete p	act in this erformanc	ce
Chapter 605, F.S.			
Registered Agent's Signature (REQUIRED)			

(CONTINUED)

Page 1 of 2

MGL	Mark ( Print
	32/ 80. VS #4 DOW 57.
	- Oliney, H.
Use attachment if necessary)  EV: Effective date, if other than the date of fi	ling: 3-20-14 (OPTIONAL)
EV: Effective date, if other than the date of fi	ling: 3-20-14 (OPTIONAL) and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of fictive date is listed, the date must be specific filing.)	ling: 3-20-14 (OPTIONAL)  c and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of fictive date is listed, the date must be specific filing.)  EVI: Other provisions, if any.  REQUIRED SIGNAPURE:  Signature of a membe	and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of fictive date is listed, the date must be specific filing.)  EVI: Other provisions, if any.  REQUIRED SIGNAPURE:  Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the	r or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
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Page 2 of 2