## L14006647996

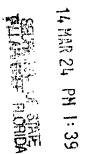
(Rec	questor's Name)	
· (Add	lress)	
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(City	//State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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4. Stevers MAR 2, ± 2014

## : COVER LETTER

	ration Section n of Corporations				
SUBJECT: $\overline{\mathcal{D}}$	Ousty & Duston Name of Lin	Low. Structed	N LLC		
The enclosed Ar	ticles of Organization and fee(s) a	re submitted for filing.			
Please return all	correspondence concerning this m	atter to the following:			
	Joel Dustin F	Name of Person			
	Dusty & Dustin	Construsti Firm/Company	on LL	<u> </u>	
	535 Watkins	Address		<del></del>	
· ——	avincy. Fl 3	2_35 / City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	<del></del>	
d de	US Ly Rowerd 5 82 DE-mail address: (to be use	d for future annual report notifica	dac.	理会 子	
For further infor	mation concerning this matter, ple		,	4 MAR 24	***
Dusty (	Name of Person	850 544 80 Area Code Daytime Tel	ephone Number	PM 1:39	
Enclosed is a ch-	eck for the following amount:			क्र णञ्च	
□ \$125.00 Filing E	Fee S130,00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	•
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Adda 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:

The name of the Limited Liability Company is:

	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:  535 Watkins rd,  Ovincy Fl 3235	Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a  DVSFY Florida  Name  535 Warkwas  Florida street address (P.O. Box)	NOT acceptable)
<u>Quincy</u> City	FL 32.35 (
the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability compand the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performanc igations of my position as registered agent as provided for in er 605, F.S
Registered gent's Signatu	ure (REOUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Dosty Flyards 535 Watkrus C QUNCORF 323	551	
(Use attachment if necessary)			
CLE V: Effective date, if other than the date of filir	ng:(OPTI	IONAL)	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific ate of filing.)	ng: (OPTI and cannot be more than five business days	IONAL) prior to or 90	days a
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a	ng: (OPTI and cannot be more than five business days	IONAL) prior to or 90	days a
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific ate of filing.)	ng: (OPTI and cannot be more than five business days	IONAL) prior to or 90	days a
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific atte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	and cannot be more than five business days	prior to or 90	days a
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific atte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.0203 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as provided the section of the	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated hereing a submitted in a document to the Department of the rovided for in s.817.155, F.S.)	prior to or 90  per.  is document is are true.	days a
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific atte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.0203 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as provided the section of the	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated hereing a submitted in a document to the Department of	prior to or 90  per.  is document is are true.	days a
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific atte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.0203 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as provided the section of the	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated hereing a submitted in a document to the Department of rovided for in s.817.155, F.S.)  Selection printed name of signee  Filing Fees:	prior to or 90  per.  is document is are true.	days a

ARTICLE IV-

Page 2 of 2