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COVER LETTER *

TO:	Registration Section Division of Corporations
SUBJE	CT: C, G. LEWIS, LLC Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	CHRISTIAN LEWIS Name of Person
	Name of Person CGUNS, LLC Firm/Company
	1309 LEHIBH DR Address
	TALLAHASSEE, FL. 3230/ City/State and Zip Code MCCHCISTIAN 2169@ GMAIL. LOM E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Name of Person at (941) 345.0419 Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
# \$125.0	0 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 1309 LOHLOH D. TALLAH PSSEE, H. 32301 TALLAH PSSEE, T. 32301
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:
Name 1309 LGH LDR Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32301 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 606, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	1309 LEHILLE DR 1309 LEHILLE DR 1810 LEHILLE DR 1810 LEHILLE DR 32301
AMBIR	MARGERT EVANS GERACI
	TATLAHASSCE, TC1, 32301
- <u> </u>	
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(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must b te of filing.)	date of filing:
effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
effective date is listed, the date must b te of filing.) CLE VI: Other provisions, if any.	date of filing:
effective date is listed, the date must b te of filing.) CLE VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day While bring
effective date is listed, the date must be to of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of 2	E specific and cannot be more than five business days prior to or 90 day Multiple for an authorized representative of a member.
effective date is listed, the date must be to of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section 605 nstitutes an affirmation under the penals)	member or in authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the facts stated herein are true. mitted in a document to the Department of State
effective date is listed, the date must be to of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section 605 nstitutes an affirmation under the penals are aware that any false information substitutes are signature.	member or in authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the facts stated herein are true. mitted in a document to the Department of State
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ARTICLE IV-

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BIVISION OF CONFORMATION