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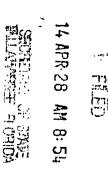
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Office Use Only



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J. Shivers APR 2 8 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Charles Pulley Enter prises UC 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:
Charles H Pulley Name of Person
Charles Pulley Enterprises LLC Film/Company
59 Beeler Rd
Address
Crawfordville F2 32327 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
()) (100)
Charles H Pulley at (850) 228-3430 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$125.00 Filing Fee \text{Certificate of Status}\$\$\frac{1}{2}\$\$155.00 Filing Fee \text{Status}\$\$\$\frac{1}{2}\$\$\$\$Certified Copy (additional copy is enclosed)\$

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

Street/Courier Address
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLI	- I 3	Nai	me:
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The name of the Limited Liability Company is:

Charles Pulley Enterprises 11C (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:

S9 Replex Rd

Crawfordy 11e F1

Crawfordy 11e F1

32327

Mailing Address:

59 Replex Rd

Crawfordy 11e F1

32327

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:

Charles H Pulley
Name

59 Beoler Rd
Florida street address (P.O. Box NOT acceptable)

Crawfordulle FL 32327
City 7in

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 APR 28 AM 8: 54

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		,
"MGR" = Manager	Charles H Pulley 59 Regler Rd Crawfordylle Fl 32	2327	
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing a effective date is listed, the date must be specific as) days after
ICLE V: Effective date, if other than the date of filing) days after
TICLE V: Effective date, if other than the date of filing and effective date is listed, the date must be specific a late of filing.) TICLE VI: Other provisions, if any.) days after
CICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific a late of filing.) FICLE VI: Other provisions, if any REQUIRED SIGNATURE:	and cannot be more than five business days prio) days after
CICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific a late of filing.) SICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020) constitutes an affirmation under the provisions.	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this dopenalties of perjury that the facts stated herein are a submitted in a document to the Department of St	ocument true.	
REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020) constitutes an affirmation under the pl am aware that any false information constitutes a third degree felony as p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this dopenalties of perjury that the facts stated herein are a submitted in a document to the Department of St	ocument true.	days after
REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020) constitutes an affirmation under the pl am aware that any false information constitutes a third degree felony as p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this do penalties of perjury that the facts stated herein are n submitted in a document to the Department of Statutes for order of the penalties of perjury that the facts stated herein are not submitted in a document to the Department of Statutes for printed name of signee Filing Fees:	ocument true.	14 APR 2

ARTICLE IV-