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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

N. Guittgan JUN 3 0 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cumby Floorin Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) and	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
John R. C	Name of Person
Cumby F	
31 Frosty Dr.	Address
Crawfordville lorie 5 m. th. Del	City/State and Zip Code Mharo Mail Com d for future annual report notification)
For further information concerning this matter, plea	
John Cumby at (Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

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

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: Mailing Address: 31 Frosty Dr. Crawfordville FL 32327 Crawfordville FL 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: John C. Comby Name Agent's Signature:	FILED
Registered Agent's Signalure (REQUIRED)	

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Λ Λ Λ Λ
<u>AMBR</u>	bun Comby
	37 Frosty Dr.
	Crawfordville Cl. 37327
·	
E V: Effective date, if other than the date ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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Page 2 of 2