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(Ac	idress)	
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DALLARANA (S. PLORIDA

COVER LETTER

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то:	Registration Section Division of Corporations		
SUBJE	ECT: Newberry Appraisal Services, LL Name of Lir	C mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Erin Newberry	Name of Person	
	Newberry Appraisal Services, LLC	Firm/Company	
	P.O. Box 1913	Address	
	Crawfordville, FL 32326-1913	City/State and Zip Code	
	wberryappraisal@gmail.com E-mail address: (to be use ther information concerning this matter, ple	d for future annual report notifica	ition)
	- ,	<u>850</u>) <u>296-7320</u>	ephone Number
_	ed is a check for the following amount: 0 Filing Fee S130.00 Filing Fee & Certificate of Status	□\$155.00 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Newberry Appraisal Services, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Con	npany is:		
Principal Office Address:	Mailing Address:			
65 Bunting Dr Crawfordville, FL 32327	P.O. Box 1913 Crawfordville, FL 32326-19	913		
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis The name and the Florida street address of the regis	ts own Registered Agent. You must desi stration.)		dual or	
_	istored agent are.			
Erin Newberry	Name			
65 Bunting Dr Florida street address (P.0	O. Box <u>NOT</u> acceptable)			
Crawfordville	FL 32327			
City	Zip			
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept Registered Agent's	accept the appointment as registered ag isions of all statutes relating to the prope	gent and agree to er and complete	o act in perfor	this mance
(CON	TINUED)	الم		
Paq	ge 1 of 2	75 A A A A A A A A A A A A A A A A A A A	- PH 12:	The second

(Use attachment if necessary) E.V: Effective date, if other than the date of filing: 08/01/2014 (OPTION fective date is listed, the date must be specific and cannot be more than five business days priof filing.) E.VI: Other provisions, if any.		Erin Newberry 65 Bunting Dr Crawfordville, FL 32327
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	(ne N	work
Signature of a member or an authorized representative of a member.		er or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this d	Signature of a membe	(1) (b) Floring Statutes the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are	(In accordance with section 605.02	.03 (1) (b), Florida Statutes, the execution of this document
constitutes a third degree felony as provided for in s.817.155, F.S.)	(In accordance with section 605.02 constitutes an affirmation under the	e penalties of perjury that the facts stated herein are true.
	(In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information	e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
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