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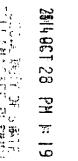
(Re	equestor's Name)	_
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PICK-UP	WAIT MAIL	
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Certified Copies	Certificates of Status	<del></del>
Special Instructions to (	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns			
SUBJECT:	Name of Limited I	Datings, U	<u>C</u>	
The enclosed Articles of Organiz	ation and fee(s) are subr	nitted for filing.		
Please return all correspondence	concerning this matter to	the following:		700 E
Mega P+M	an Blance Nai	ne of Person		EL 58 54
10 Cent	erline la	m/Company  Address	Agg   25   To prod	9
	ddress: (to be used for d	ite and Zip Code  On Linux annual report notification	<b>\</b>	
For further information concerning	ng this matter, please cal	1:		
Meghan Blanker Name of Perso	n at (St	509 – 509 – Daytime Te	OGO lephone Number	
Epclosed is a check for the follow	ving amount:			
<del>-</del>	ficate of Status C	155.00 Filing Fee & Certified Copy litional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

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:		AL SET	
R+M Coatros L		128	) )
•	Liability Company, "L.L.C.," or "LLC.")		K.
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:		F. 9
Principal Office Address:	Mailing Address:	147.4	
O Centertine Rd. Crawfordville, Fr. 32327	Conterine Pr.	3377	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an i	ndividual or	
The name and the Florida street address of the registered a	agent are:		
Meghan Bly Name	sovership		
Florida street address (P.O. Box	NOT acceptable)		
<u>Crawfordville</u>	FL 32327		
Maring keep named as assistant agent and to assess and	wise of average for the above stated limited	liubility comme	

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

<u>Title:</u> "AMBR" = Authorized Mer	Name and Address:	
"MGR" = Manager		F
	O Centertine Load	130
NGR	Meghan Blankinship	ලා 1-2
·	Crowfordville 17. 32327	3
		T.
		Œ
(Use attachment if necessary		
LEV: Effective date, if other fective date is listed, the date of filing.)	than the date of filing:	) day
LE V: Effective date, if other fective date is listed, the date of filing.)	than the date of filing:	) day
LE V: Effective date, if other fective date is listed, the date of filing.)	han the date of filing:	) day
LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if an REQUIRED SIGNATURE	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90	) day
LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if an REQUIRED SIGNATURI Signa (In accordance wi	than the date of filing:	) day
LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if an REQUIRED SIGNATURI Signa (In accordance wie constitutes an affil am aware that ar	than the date of filing:	) day
LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if an   REQUIRED SIGNATURE  Signa  (In accordance will constitutes an affiliam aware that an	than the date of filing:	) day

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)