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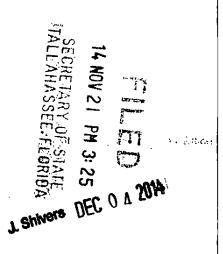
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COVER LETTER TO: Registration Section **Division of Corporations** SEDMAK CUSTOM CONTRACTING L.L.C. SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JACOR S. SEDMAK Name of Person SEDMAK CUSTOM CONTRACTING L.L.C. Firm/Company 2240 NE 62 NO ST.
Address FORT LAWOEROALE / FL. 33308

City/State and Zip Code jacob sedmak @ yahoo. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TACOB SEDMAK at ( 814 ) 602 - 1248

Name of Person 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 &
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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 3230!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company is:						
	SEDMAK CUSTOM C	ONTRA	TIUG	L.L.C.			
(	Must end with the words "Limited	Liability C	ompany, "L.)	L.C.," or "	LLC.")		
ARTICLE II - Addr The mailing address a	ess: nd street address of the principal o	ffice of the	Limited Liab	ility Comp	oany is:		
Principal Office Add	lress:	Mailing	Address:		•		
2240 NE FORT LANGE		229	10 ME	62 NO	ST. FL.		
33308	ance , F.C.		08	<u> </u>	,		
The hane and the Flo	TACOS S. SEOR  Name  2240 ME 62 NO  Florida street address (P.O. Box  FOAT LANDERDALE  City	ST.  NOT acce	ptable)	<del></del>			
	City		Zip				
the place designat capacity. I further a	as registered agent and to accept se ed in this certificate, I hereby accep igree to comply with the provisions am familiar with and accept the ob Chap	ot the appoint of all statute	tment as regi as relating to my position a	istered age the proper	nt and agree to and complete	o act in perfori	this mance
	1	9					
	Registered Agent's Signa	iture (REQU	IRED)				
	(CONTINU				SECRE I TALL'AHA	14 NOV	1 ( a )hawa 1 ( a ) 1 ( a )
	Page 1 of 2	2			S	$\sim$	Landin Salamon T

Title: "AMBR" = Authoriz "MGR" = Manager	eed Member	Name and Address:	
"MGR"		JACOB S. SEDMAK	
	<del></del>	2240 ME 62 NO ST.	
		FORT LAMOERDALE, FL 35	5-8
"AMBR"		JESSICA L. SEOMAK	
711.07	<del></del>	2240 NE 62 NO ST.	
			308
	·· <u>·</u>		
E V: Effective date, i	if other than the date o	of filing: Nov. 20, 2019 (OPTIC	ONAL) orior to or 90 (
(Use attachment if no LE V: Effective date, is ective date is listed, to filing.)  LE VI: Other provision	if other than the date o the date must be spec	of filing: <u>Nov. 20, 2014</u> . (OPTIC cific and cannot be more than five business days p	ONAL) orior to or 90 o
E V: Effective date, is ective date is listed, to filling.)  E VI: Other provision  REQUIRED SIGNA  (In accordance constitutes)	if other than the date of the date must be specially as, if any.  ATURE:  Signature of a memance with section 605. an affirmation under	nber or an authorized representative of a member .0203 (1) (b), Florida Statutes, the execution of this the penalties of perjury that the facts stated herein	er. s document are true.
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