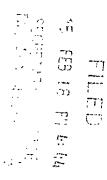
(Re	equestor's Name)	
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FEB 2 5 2015

S. YOUNG

COVER LETTER

	stration Section tion of Corporations		
SUBJECT:	Country Squire Builders LLC Name of Lir	nited Liability Company	
The enclosed .	Articles of Organization and fee(s) a	re submitted for filing.	
	all correspondence concerning this m	_	
<u></u>	otalLegal		
		Name of Person	
<u> To</u>	otalLegal		
		Firm/Company	
			4 (1) 4 (1) 4 (1)
37	75 118th Ave SE, Ste 118	Address	
		Address	
Re	ellevue, WA 98005		
<u> </u>		City/State and Zip Code	
			= 1 } t yes =
	E-mail address: (to be use	d for future annual report notifica	tion)
For further info	ormation concerning this matter, plea	ase call:	
<u>TotalLegal</u>	at ()	<u>866) 815-6840 </u>	
	Name of Person		ephone Number
Enclosed is a c	theck for the following amount:		
☑ \$125.00 Filing		Петесовъл, в в	□a. (0.00 p.;; p.
3125.00 Filmg	g Fee U\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addr	**************************************
	Registration Section Registration Section		
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		ions
	Tallahassee, FL 32314	or future annual report notification) call: 5	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
0		
Country Squire Builders LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "L.	LC,")
	у р у ,	,
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
547 East Rosewood Lane	547 East Rosewood Lane	
Tavares, FL 32778	Tavares, FL 32778	
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own mother business entity with an active Florida registration	Registered Agent. You must designa	ate an individual or
The name and the Florida street address of the registered	,	
The name and the Florida street address of the registered	i agent are.	
<u>Peter H. Dabe</u> Name	-	
Name	•	
547 East Rosewood Lane Florida street address (P.O. Bo.	x NOT acceptable)	
•		
<u>Tavares</u> City	FL 32778 Zip	
Having been named as registered agent and to accept se the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ot the appointment as registered agent of all statutes relating to the proper a	and agree to act in this and complete performance
	A OL	j ji
Registered Agent's Signa	nure (KEQUIRED)	::
(CONTINU	JED)	, , , , , , , , , , , , , , , , , , ,
Page t of 2	2	

Title: Name and Address:		
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR Peter H. Dabe	ane	_
Tavares, FL 32778		_
<u> </u>		_
		_
		_
		_
		_
		_
		_
E V: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot be more than five of filing.)	(OPTIONAL) ve business days prior to or	90
EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot be more than five of filing.)	(OPTIONAL) ve business days prior to or	90
EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot be more than five of filing.)	(OPTIONAL) ve business days prior to or	90
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE:	(OPTIONAL) ve business days prior to or	90
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