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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations	
	Porch Beer B	Builders, LLC
SUBJE	CT:Name of Limited I	<u> </u>
The enc	losed Articles of Organization and fee(s) are sub-	nitted for filing.
Please n	eturn all correspondence concerning this matter to	o the following:
	Christop	her Russell
	Na	ne of Person
	Porch Bee	r Builders, LLC
	Fir	m/Company
	106 E V	Varren Ave
		Address
	Tampa	, FL 33602
	•	ate and Zip Code
		099@gmail.com sed for future annual report notification)
For furt	her information concerning this matter, please cal	•
Ch	ristopher Russell at 813	8 613-2171
	Name of Person Area (Code Daytime Telephone Number
Enclose	d is a check for the following amount:	ALLA SECONDALLA
_	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	155.00 Filing Fee & \$160.00 Filing Fee, 1 Certified Copy 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 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:			
	Porch Beer B	uilders, LL	С	
	with the words "Limi	 		or "LLC.")
ARTICLE 11 - Address: The mailing address and street ad	ldress of the principa	l office of the Li	imited Liability (Company is:
Principal Office Address:	<u>M</u> :	ailing Address:		
106 E Warren Av	re		106 E Warrei	n Ave
Tampa, FL 336	02		Tampa, FL 3	3602
another business entity with an a The name and the Florida street a	address of the registe		-	
		me		
		/arren Ave		
Florida	street address (P.O. I		table)	_
	Tampa	FL	33602	
<u></u>	City	· · · · · ·	Zip	-
the place designated in this co capacity. I further agree to con	ertificate, I hereby ac nply with the provision r with and accept the	cept the appointr ons of all statutes	nent as registere relating to the p	stated limited liability company at d agent and agree to act in this roper and complete performance istered agent as provided for in
	u AM			ER S
R	egistered Agent's Sig	gnature (REQUI	RED)	
	(CONTI	NUED)		
	Page 1	of2		n3 103 21 47

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Christopher Russeil
	106 E Warren Ave
	Tampa, FL 33602
AMBR	Jesse Utterback
	108 W Haya St
	Tampa, FL 33603
AMBR	<u> </u>
EV: Effective date, if other than ctive date is listed, the date mu	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than ctive date is listed, the date mu f filing.)	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90
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Use attachment if necessary) EV: Effective date, if other than ctive date is listed, the date must filling.) EVI: Other provisions, if any.	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
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ARTICLE IV-