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SECRETARY OF STATE
TALLAHASSEE, FLORID,
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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CT: King Beaver Carpentry L.L.C. Name of Lin	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:	
	Joseph Beavers	Name of Person	<u> </u>
	King Beaver Carpentry L.L.C.	Firm/Company	
	2361 Madrid Ave	Address	
	Safety Harbor, Florida 34695	City/State and Zip Code	
jbe	eavers99@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
Josep	h Beavers at (at (at (at (at (at (at (at (	727 <u>481 6653</u> Area Code Daytime Tel	ephone Number
	ed is a check for the following amount:  0 Filing Fee \$\Bigsize \text{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 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
King Beaver Carpentry L.L.C. (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Joseph Beavers 2361 Madrid Ave Safety Harbor, Fl 34695	Joseph Beavers 2361 Madrid Ave Safety Harbor, Fl 34695		
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered december 1 accepts Page 1 accepts	a Registered Agent. You must designate an individua on.)	JUL 22	SECRETARY FALLAHASSE
Joseph Beavers Name	<u> </u>	AH 10: 5	EE, FLORIDA
2361 Madrid Ave		ë	L OR
Florida street address (P.O. Box	x <u>NOT</u> acceptable)	5	AC S
Safety Harbor	FL 34695		
City	Zip		
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	ot the appointment as registered agent and agree to a of all statutes relating to the proper and complete per	ct in this rforman	s ace
Joseph m Be Registered Agent's Signa	eavers ture (REQUIRED)		

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AMBR	Joseph Beavers
	2361 Madrid Ave
	Safety Harbor, FI 34695
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<del></del>	
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	the date of filing: (OPTIONAL)  ist be specific and cannot be more than five business days prior to or 9
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