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TALLAHASSEE FLORIDA

15 AUG -3 PM 1: (



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COTONG SPACKS UC 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:
SHERRY STYDING Name of Person
STRONG SPACKS, LLC
Firm/Company
P.O. Box 82201
Address
POOT ST. WOIF, FL 34952 City/State and Zip Code
Sherry_Strong a Yehra com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHERRY STRUNG at (454) 417-4377 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

18 AUG -3 PM 1:09

SECRETARY OF STATE A ORIGINAL AMASSEE AND A

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
218 SE MORNINGSIDE BLYD	P.O. Pox Raal
TORT ST. LUCK FL 34952	POOT ST. UNIF FL 34452

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

AN SE MORNINGSIOG BLVD

Florida street address (P.O. Box NOT acceptable)

POET ST. LICIE FL 34852

City State Zip

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..

egistered Agent's Signature (REQUIRED)

CONTINUED

Page 1 of 2



			SECRETARY I'M C
<u>Title:</u> "AMBR" = Authorized	i Member	Name and Address:	SECRETARY OF STALLAHASSEE FLO
"MGR" = Manager		Burgal Commerc	
_MGI		DHEART STRONG	IDE BYO
		POOT. ST. LICK FL	
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	-	<u>,</u>	
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(Use attachment if nec	essarv)		
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