LISOUD 200653

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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: C Ballew Enterprises LLC	
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Carolyn Ballew	Name of Person
	Name of Person
C Ballew Enterprises LLC	
	Firm/Company
125 SW Redmond Glen	
	Address
Lake City, FL 32024	ity/State and Zip Code
N N 1	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	isc call:
Carolyn Ballew at (3	
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 & ☐\$160.00 Filing Fee. Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
C Ballew Enterprises LLC			
	Liability Company, "L.L.C.," or "LLC.")		
Limited L	stability Company, E.E.C., or EEC.		
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
125 SW Redmond Glen Lake City, FL 32024	125 SW Redmond Glen Lake City, FL 32024	_	
(The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration The name and the Florida street address of the registered a Carolyn Ballew Name	.)	lividual or	
405 OW Bodow of Other			
125 SW Redmond Glen Florida street address (P.O. Box	NOT pagentable)		
Piorida street address (P.O. Box	acceptable)		
Lake City	FL 32024		
City	Zip		
Caral Broke	the appointment as registered agent and agr fall statutes relating to the proper and comp	ee to act in lete perfori	this mance
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Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Carolyn Ballew
	125 SW Redmond Glen
	Lake City, FL 32024
•	
	1
(Use attachment if necessary)	
•	
E V: Effective date, if other than the	date of filing: (OPTIONAL)
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Page 2 of 2

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)