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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T. M. Framing LLC
Name of Limited Libility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Temetha Kin Ayers
Name of Person
Firm/Company
3320 Argonaut Drive
Address
Tallahassee, Florida 32-312 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
TemeKAI Agers at (860) 980-3852 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JAN 19 PM 12: 12

(Must end with the words "Limited Liability

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

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

Having been named as registered agent and to except 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.

(CONTINUED)

Page 1 of 2

		to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member	Hame and Address:
MGA	Temeka K. Ayers	Temeka Kia Ayurs 3320 Argonaut DCive
Mae	Tara. F. Thompson	Tara faye. Thompson 3320 Argonaut Drive
MER	Ahmond Alkinson	1 alfahassee FL 32312 2520 Argomut Drive Tallahassee FL 32312
	(Use attachment if necessary)	
Of an of	factive dute is listed the data must be specific as	g: (OPTIONAL)
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