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DEPARTMENT OF STATE

JAN 25 2016

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Division of Corporations
SUBJECT: Tommy Sol Natrofthskl-LC 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:
Tommy Soc Nazvotth J.R. Name of Person
Tommy Soe veryorth JR HC
389 Shakeville Hay
A delmane
Craw Fordyille, FL 32327 City/State and Zip Code
City/State and 23p Code
E-mail address: (to be used for flavore amual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Cayolae Telephone Number
Name of Person Area Code Caydhe Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certificate 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

A	RT	10	LE	1 -	Na	me:	,

The name of the Limited Liability Company is:

Tommy Jot NEZworth JR/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 office of the Limited Liability Company is:

Principal Office Address:

388 Shadeville Hw7

Crawfordville, F132327

Crawfordville, F132327

Crawfordville, F132327

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:

TOMMY JOE NAZWORTH JR

385 Shodeville HWY
Florida street address (P.O. Box NOT acceptable)

CLOWFORDVILL FL 32327

y State Z

Having been named as registered agent and to recept service of process for the above stated limited liability company at the place designated in this certificate. I hereby to cert the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of oil statutes withing to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position or registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Yommy Soe Noz	WORMS	R
	385 Shadeville Flordville Fl	Hwy.	27
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LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)  If the date inserted in this block does not meet the urment's effective date on the Department of State LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in act am aware that any false inform	ad cannot be more than five busing applicable statutory filing required size ords.	ements, this do	a Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)