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T. SCOTT



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COVER LETTER

TO:	Registration Section Division of Corporations
	Optimum Custom Drums LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Dan Oppmann
	Name of Person
	Optimum Custom Drums LLC
	Firm/Company
	16264 Willow Stream Lane
	Address
	Fort Myers, FL. 33917
	City/State and Zip Code drummerdano1973@me.com
	E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
	Tom Cronin 239 225-5538
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125. 0	Of Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{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:

(Must end with the words "Limited Liz	ability Company, "L.L.C.," or "LLC.")
EII - Address: ng address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16264 Willow Stream Lane	16264 Willow Stream Lane
Fort Myers, FL. 33917	Fort Myers, FL. 33917

1638 Royal Palm Ave Florida street address (P.O. Box NOT acceptable)

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

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Auth	orized Member	Name and Address:			
"MGR" = Manager AMBR AMBR	Dan Oppmann T6264 Willow Stream Lane Fort Myers, FL. 33917 Thomas Cronin Jr. T638 Royal Ralm Avenue				
					Fort Myers, FL. 33901
					
		THE RESERVE OF THE PARTY OF THE			
(Use attachment if necessary)					
f an effective date is liste e date of filing.) (ote: If the date inserted	in this block does not me	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as			
e document's effective of	late on the Department o	f State's records.			
RTICLE VI: Other provi	isions, if any.				
					
<u>REOURED</u> SIG	GNATURE:				
I	This document is execute am aware that any false:	d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.			
	Dan Oppmann				

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (O. 1)

\$ 5.00 Certificate of Status (Optional)