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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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# COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: Dern't St. Name of Lin	mited Liability Company
The enclos	sed Articles of Organization and fee(s) a	re submitted for filing.
Please retu	urn all correspondence concerning this m	atter to the following:
	Derrik S	Name of Person
	LL C	
		Firm/Company
	721 Slogg	SA. Address
	Tallahosree, Fl	32 <b>3</b> 05 City/State and Zip Code
	Stall dencil	1 for future annual reason notifications
For orther i	information concerning this matter, pleas	se call:
,	Perrik Stallings II at ( Name of Person	828 347 2263 Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125,00 F	filing Fee \$\int \frac{\\$130.00 \text{ Filing Fee & Certificate of Status}}{\}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

À	RT	TIC	LE I	[ -	Na	me:
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The name of the Limited Liability Company is:

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:	Mailing Address:
721 floga St.	
721 flogg St. Tallahassee F1 72305	

# 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:

Perrite Stallings II

721 Closed St.
Florida street address (P.O. Box NO: Lacceptable)

Tallahasee Fl 32305 City Stan Zip

Having been named as registered agent and to accept served of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the applicant as  $F_{ij}$  stered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes  $F_{ij}^{(i)}(x,y)$  the per and complete performance of my duties, and I am familiar with and accept the obligations of my position as regimened  $g_{ij}^{(i)}(x,y)$  as provided for in Chapter 605. F.S..

Registered Apent's Signature (REOLURE)

(CONTINUED)

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16 APR | TEN IO

itle:	Name and Address:
AMBR" = Authorized Member AGR" = Manager	
NGR	Derrik Stallings I
	721 +1200 St.
	Tallohossee Fl 32305
	·
V: Effective date, if other than the ive date is listed, the date must b	date of filing:
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