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COVER LETTER

	tegistration Section Division of Corporations	
CUD IECT	SCOTT A. EVANS, LLC.	
SUBJECT	Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	arn all correspondence concerning this matter to the following:	
	SCOTT A. EVANS	
	Name of Person	
	SCOTT A. EVANS, LLC.	
	Firm/Company	
	105 ALDER COURT	
	Address	
	Sanford, Florida 32773	
	City/State and Zip Code SCOTTE4876@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call:	
	SCOTT EVANS at 407 416-5803	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Street Address New Filing Section Division of Corporations Clifton Building	-16:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
S	COTT A. I	EVANS, LLO	C.
(Must end w	ith the words "Limite	d Liability Company,	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limited L	iability Company is:
Principal	Office Address:		Mailing Address:
105 ALDER COURT		105 ALI	orr (Burt
SANFORD FLORIDA 32772		SANFO	RD FLORIDA 32773
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac The name and the Florida street ac	annot serve as its ow tive Florida registrati	n Registered Agent. Yo on.)	••
	SCOTT	A. EVANS	
		Name COUP	
	Florida street addre	ss (P.O. Box NOT acc	
	Sanford	Florida	32773
	City	State	Zip

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)

Scott Evans

(CONTINUED)

Page 1 of 2

SECRETATION PH 2: 32

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	SCOTT A. EVANS
	105 ALIER CCUR? SANTCRD FLORIDA 3277:
AMBR	ELIZABETH A. EVANS
AIVIDK	ELIZABETT A. EVAINS
	SAFCRD FICRIDA (277)
of filing.)	specific and cannot be more than five business days prior to or so ot meet the applicable statutory filing requirements, this date will n
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