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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carluc LLC 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:
Darren Han Lowe Name of Person Carful UC Firm/Company
Cartine LLC
Firm/Company
7240 Winding Bay Lane.
Address West Palan Beach FL 334/2 City/State and Zip Code Darren, Lowe 126 Gmail. com
Darren, Lowe 12(a) 6mail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daren Lave at (908) 531-0591
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 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 AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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:
Carlyc LLC
(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:
7240 Winding Bay lane. 7240 Unding Bay Lane.
West Oalm Buch FL, 33412 West Polm Beach Florich 3341
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: Darren Alan Lowe
7240 Winding Bay Lane
Florida street address (P.O. Bex NOT acceptable)
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)
(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address;
AMBR.	Carson Lowe
AMBR.	146 Love Bay lance
	
Use attachment if necessary)	1 1
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ctive date is listed, the date must be spet filing.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of this document is executed a may any false.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State.

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