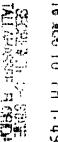
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Framing Framers LLC. Name of Limited Liability Company
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:
Larzo Henry Name of Person
Name of Person
Gompany Firm/Company
6131 Trailward CT
Talla Lagre Homida 323(1) City/State and Zip Code 10/enzohenry/178@gmail.com Smail audres a (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Dayting Telephone Number
Name of Person Area Code Dayting Telephone Strake.
Enclosed is a check for the following amount:
\$125,00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Lorenzo Henry Jr. am releasing Framing Framer (L12000158193), I doe not want to renew.

1 1 1 5

Lorenzo Henr Jr.

8-10-16





AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A.	RT	ICL	E	Ĭ-	Name:	
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The name of the Limited Liability Company is:

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SECREBULE OF SAVE TALLAHASSES OF SAID

(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:
6131 Tradwood CT	
Tallahasse, FI 7238	Some
<u> </u>	· · · · · · · · · · · · · · · · · · ·

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:

Name

6/31 Trachard CT

Tallahasse F1 32311
City State 700

Having boses stamed as registered agent and to accept service of process for non-above state Alimited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent to Alagree to act in this capacity. I further agree to comply with the provisions of all status sizulating to the proper and none, we performance of my duties, and I am jointliar with and a could the obligations of my position as registered agent as growide for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized Member	Name and Address: SECRE 3211
"MGR" = Manager MGR;	6/31 Trallsod CT Tulluhassee, F1,323
MG R. Lounzo Henry	,
·	
fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will
LE V: Effective date, if other than the date fective date is listed, the date must be spen of filing.) If the date inserted in this block does not nument's effective date on the Department.	ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will
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EV: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not nument's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed an aware that any false constitutes a third degree.	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statu e information submitted in a document to the Department of Sections as provided for in s.817.155, F.S.