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## **COVER LETTER**

TO:	Registration Section Division of Corporations
	Rocky Creek CNC Milling 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:
	Bryce Andrew Hinson
	Name of Person
	Rocky Creek CNC Milling LLC
	Firm/Company
	9811 NW 171 Terrace
	Address
	Alachua / Florida 32615
	City/State and Zip Code rockycreekcnc@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Bryce Hinson 352 514-1874
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.	00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \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: The name of the Limited Liabili	ity Company is:		
	Rocky Creek	k CNC Milling LLC	
(Must end	with the words "Limited	l Liability Company, '	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	address of the principal o	ffice of the Limited L	Liability Company is:
<u>Princi</u>	oal Office Address:		Mailing Address:
9811 NW 171 Terra	ce	9811	NW 171 Terrace
Alachua Florida	<del></del>	Alach	ua Florida
32615		32615	;
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registratio	on.) d agent are:	ou must designate an individual or
	<del></del>	Name	
	9811 NW 171 Terrac	ee	
	Florida street addres	s (P.O. Box NOT acc	ceptable)
	Alachua	Florida	32615
			32013

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..

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

Bryce Andrew Hinson  9811 NW 171 Terrace Alachua Florida 32615  AMBR  Brian Alphonso Hinson  9811 NW 171 Terrace Alachua Florida 32615  AMBR  Brian Alphonso Hinson  9811 NW 171 Terrace Alachua Florida 32615  AMBR  Rhonda Eagle Hinson  9811 NW 171 Terrace Alachua Florida 32615   EV: Effective date, if other than the date of filing:  January 1, 2017  (OPT ctive date is listed, the date must be specific and cannot be more than five business days filing) the date inserted in this block does not meet the applicable statutory filing requirements, thinent's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a memb This document is executed in accordance with section 605.0203 (1) (b), Floria may are that any false information submitted in a document to the Depart constitutes a third degree felony as provided for in s.817.155, F.S.	Bryce Andrew Hinson 9811 NW 171 Terrace Alachua Florida 32615  Brian Alphonso Hinson 9811 NW 171 Tetrace Alachua Florida 32615  Rhonda Eagle Hinson 9811 NW 171 Terrace Alachua Florida 32615  Rhonda Eagle Hinson 9811 NW 171 Terrace Alachua Florida 32615  if necessary)  ite, if other than the date of filing:  January 1, 2017  (OPTIONAL)  dt, the date must be specific and cannot be more than five business days prior to or 90 in this block does not meet the applicable statutory filing requirements, this date will not late on the Department of State's records.  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.  Brian Alphonso Hinson	Bryce Andrew Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Brian Alphonso Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Rhonda Eagle Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Rhonda Eagle Hinson  9811 NW 171 Terrace  Alachua Florida 32615  EV: Effective date, if other than the date of filing:  Live attachment if necessary)  EV: Effective date, if other than the date of filing:  January 1, 2017  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not hent's effective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	<u>Fitle:</u> "AMBR" ≈ Authorized	l Member	Name and Address:		
AMBR  Brian Alphonso Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Brian Alphonso Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Rhonda Eagle Hinson  9811 NW 171 Terrace  Alachua Florida 32615   EV: Effective date, if other than the date of filing:  Let's Effective date, if other than the date of filing:  Cuse attachment if necessary)  EV: Effective date is listed, the date must be specific and cannot be more than five business days filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, thinent's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a memb This document is executed in accordance with section 605.0203 (1) (b), Floria may are that any false information submitted in a document to the Depart constitutes a third degree felony as provided for in s.817.155, F.S.	Bryce Andrew Hinson 9811 NW 171 Terrace Alachua Florida 32615  Brian Alphonso Hinson 9811 NW 171 Terrace Alachua Florida 32615  Rhonda Eagle Hinson 9811 NW 171 Terrace Alachua Florida 32615  Rhonda Eagle Hinson 9811 NW 171 Terrace Alachua Florida 32615  Ite, if other than the date of filing:	MGR  Bryce Andrew Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Brian Alphonso Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Rhonda Eagle Hinson  9811 NW 171 Terrace  Alachua Florida 32615  AMBR  Rhonda Eagle Hinson  9811 NW 171 Terrace  Alachua Florida 32615   Live attachment if necessary)  EV: Effective date, if other than the date of filing:  January 1, 2017  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Brian Alphonso Hinson  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)		i Meninei			
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REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a memb This document is executed in accordance with section 605.0203 (1) (b), Flo I am aware that any false information submitted for in s.817.155, F.S.	in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Brian Alphonso Hinson	ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Brian Alphonso Hinson  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	V. Effective data if	other than the date of filing:	January 1, 2017	(OPTIONAL)	
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