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COVER LETTER

	egistration Section vision of Corporations
SUBJECT:	SEAN JUDD, LLC
Sebuce 1.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	ADRIAN MIDDLETON, ESQ.
	Name of Person
	MIDDLETON & MIDDLETON, P.A.
	Firm/Company
	1469 MARKET ST.
	Address
	TALLAHASSEE, FL 32312
A	City/State and Zip Code ADRIAN@MIDDLETONANDMIDDLETON.COM
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	ADRIAN MIDDLETON, ESQ. 850 728-2465
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section
	Division of Corporations Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Liability	Company is:		
SEAN JUDD, LLC	•		
	vith the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
ADTICLE			
ARTICLE II - Address: The mailing address and street ad	dross of the principal of	tion of the Lim	ited Liability Company is:
the maining address and street ad	dress of the principal of	nce of the Lini	ned Liability Company is.
Principa	l Office Address:		Mailing Address:
911 PEACEFUL TRA	AIL.	S	SAME AS PRINCIPLE
WAXAHACHIE, TX	75165		
		 -	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the name and the Florida street a	cannot serve as its own letive Florida registration	Registered Age	gent's Signature: nt. You must designate an individual or
	ADRIAN MIDDLETO	ANT EGA	
	ADMAN MIDDLE IN	Name	
		ivanie	
	1469 MARKET ST.		
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)
	TALLAHASSEE	FL	32312
	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)

Page 1 of 2

<u> Citle:</u>	Name and Address:
Λ MBR" = Λ uthorize	ed Member
MGR" = Manager	OF ALMES
AMBR	SEAN JUDD
	911 PEACEFUL TRAIL
	WAXAHACHIE, TX 75165
V: Effective date, it	f other than the date of filing:
EV: Effective date, if ective date is listed, the filling.) the date inserted in the	f other than the date of filing: (OPTIONAL)
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)