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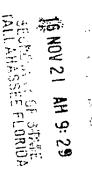
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

10.	Division of Corporations		
CUDIE	Greater Depths Distributing, LLC.		
SUBJE	Name of	Limited Liabili	ity Company
The end	closed Articles of Organization and fee(s)	are submitted	for filing.
Please	return all correspondence concerning this	matter to the f	ollowing:
	Marsha M. LaPete		
		Name of	Person
	Greater Depths Distributing, LLC.		
		Firm/Co	mpany
	1400 Village Square Blvd., Suite 3-	178	
		Addre	ess
	Tallahassee, Florida 32312		
	Marsha@mosleylapete.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For furth	er information concerning this matter, ple	ase call:	
	Clayton T. Osteen	352	267-7032
	Name of Person	-	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
\$125,0	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	10 Filing Fee & S160.00 Filing Fee, Certificate of Status & 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

Greater Depth	s Distributing, LLC.			
(Mu	ist end with the words "Limited	Liability Company, "L.L.	.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	street address of the principal of	ice of the Limited Liabil	ity Company is:	
<u> </u>	rincipal Office Address:		Mailing Address	:
2924 Crescen	t Drive	-	ge Square Blvd.	
Suite B Tallahassee, F	lorida 32301	Suite 3-178	8 e, Florida 32312	
			,	
The Limited Liability Conother business entity w	red Agent, Registered Office, & ompany cannot serve as its own lifth an active Florida registration astreet address of the registered.	Registered Agent. You m		Ar W
The Limited Liability Control of the	ompany cannot serve as its own l	Registered Agent. You m		idual or
The Limited Liability Conother business entity w	ompany cannot serve as its own leads to the interest and active Florida registration astreet address of the registered	Registered Agent. You m		ALLAHASSI ALLAHASSI
The Limited Liability Control of the	ompany cannot serve as its own leads to the interest and active Florida registration astreet address of the registered	Registered Agent. You m		TALLAHASSEE FL
The Limited Liability Control of the	ompany cannot serve as its own leads to the interest and active Florida registration a street address of the registered Marsha M. LaPete 1819 Buford Court	Registered Agent. You m	ust designate an indiv	TALLAHASSEE FLOR
The Limited Liability Control of the	ompany cannot serve as its own leads to the interest and active Florida registration a street address of the registered Marsha M. LaPete 1819 Buford Court	Registered Agent. You mind.) Agent are: Name	ust designate an indiv	TALLAHASSEE FL
The Limited Liability Control of the	ompany cannot serve as its own leads to the registration astreet address of the registered Marsha M. LaPete 1819 Buford Court Florida street address	Registered Agent. You man.) Agent are: Name (P.O. Box NOT acceptable)	ust designate an indiv	TALLAHASSEE FLOR

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR/MGR	Marsha M. LaPetc
AMBRANGK	1400 Village Square Blvd., Suite 3-178
	Tallahassee, Florida 32312
AMBR/MGR	Blair J. LaPete
	4934 Point Milligan Road
	Quincy, Florida 32352
	
	-
(Use attachment if necessary)	
	A114
	agu N/A
EV: Effective date, if other than the date of	of filing: N/A (OPTIONAL)
ective date is listed, the date must be spec	of filing: N/A
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)