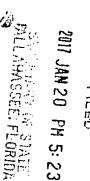
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COVER LETTER

Registration Section

TO:

Divisio	n of Corporations				
SUBJECT:	CASTLE	ADJUST me of Limited Liabil	Iity Company	SERVICE	قه بدر
The enclosed Ar	ticles of Organization and	fee(s) are submitted	i for filing.		
Please return all	correspondence concerni	ng this matter to the	following:		
	MICHAE	Name of	STLE.		
	Carre	AOTUS Firm/Co	TING	SERVI	ces
	13306	SOLAR	- Drz	-	
	Mcc93 E-mail address: (t	City/State ar	nd Zip Code		
For further inform	nation concerning this mat	ter, please call:			
Mic	Name of Person	Area Code		lephone Number	
Enclosed is a ch	Fee \$130.00 Filing Certificate of	Fee & \$155. Status Certif	00 Filing Fee & fied Copy nal copy is enclo	Certifica (Dsed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporatior P.O. Box 6327 Tallahassee, FL 32314	ıs	Street Address New Filing Sec Division of Co Clifton Buildir 2661 Executiv	ction orporations	

Tallahassee, FL 32301



January 12, 2017

MICAHEL CASTLE 13306 SOLAR DRIVE JACKSONVILLE, FL 32258

SUBJECT: CASTLE ADJUSTING SERVICES, LLC

Ref. Number: W17000002874

We have received your document for CASTLE ADJUSTING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 217A00000739

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

CASTLE	E ADJUSTING	SERVICES, LCC
		ability Company, "L.L.C.," or "LLC.")
`		,
ARTICLE II - Address:		
	eet address of the principal offic	e of the Limited Liability Company is:
<u>Pri</u>	incipal Office Address:	Mailing Address:
13306	SOLAR DR	13306 Solar Dr

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.)

Florida street address (P.O. Box NOT acceptable)

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 rigistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	horized to manage and control the Limitetripiability Company: Name and Address: Name and Address: Name and Address:
Mar	MICHAGE CASTEE 13306 SOLAN PR JACKSONLING FL 32858
·	
(Use attachment if necessary)	
effective date is listed, the date must be speate of filing.) If the date inserted in this block does not m	of filing: 70, 70, (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be left State's records.
effective date is listed, the date must be speate of filing.) If the date inserted in this block does not mocument's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be l
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)