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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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N. SAMS



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02/07/17--01024--002 **125.00



COVER LETTER

	ntion Section of Corporations		
SUBJECT:	James Estes Name of L	imited Liability Company	
The enclosed Art	icles of Organization and fee(s)	are submitted for filing.	
Please return all	correspondence concerning this r	matter to the following:	
	James R	Name of Person	
·	James	Estes 11 C	
	1168 Sax	Herry Road	
	acincy Richard	Clty/State and Zip Code ESES SIA) I Clea	2351 William
	E-mail address: (to be use	ed for future annual report notification	
For further informa	ation concerning this matter, plea	ase call:	
_Ba	Name of Person	SSO S45-29 Area Code Daytime Telephone	Number
Enclosed is a che	ck for the following amount:		
\$125.00 Filing F	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporation	ons

P.O. Box 6327 Tallahassee, FL 32314

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:	FILED
James Estes LLC	17 FEB - 7 PM 3: 54
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	Transition of 54
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	THE THE HEATE
Principal Office Address: Mailing Address: Mailing Address: 1168 Sydbert	ress:
Query Florida 32351 Quiny, Florid	6,5235/

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:

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

Name

| 168 | Soulces | Rood

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

| 200 | 3235 |

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..

(CONTINUED)

Page 1 of 2

"MGR" = Manager "Use attachment if necessary) CLE V: Effective date, if other than the date of filing: [If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 day te of filing.] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED 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. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
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ARTICLE IV-

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