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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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m. Moon

COVER LETTER

| | rinng Section ion of Corporations | |
|------------------|---|--|
| SUBJECT: _ | Anything Und | ler the Sun Carpentry LLC |
| The enclosed | Articles of Organization and fee(s) ar | re-submitted for filing. |
| Please return a | all correspondence concerning this ma | atter to the following: |
| _ | Ryan | Andrew Brantly Name of Person |
| _ | | Firm/Company |
| | 26 Timberu | Joud ct Address |
| _ | Crawfordville Brantly. T E-mail address: (to be used | FL 32327 City/State and Zip Code Ryan @ iCloud. Com If for future annual report notification) |
| For further info | rmation concerning this matter, pleas | se call: |
| Ī | Name of Person | Rea Code Daytime Telephone Number |
| Enclosed is a | check for the following amount: | |
| \$125.00 Filin | g Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Liability Company is: | |
| | |

Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---|--|
| 26 Timberwood Ct Crawfordvive FL 32327 | 26 Timberword C+ Crawfordville FL 32327 |
| | |

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:

Kyan Andrew Drantly Name 26 Timberwood Ct

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

Crowfordville FC 32327

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)

7 492 25 7:01

| Title: "AMBR" = Authorized Member | Name and Address: | | |
|--|--|---------------|---------------------|
| "MGR" = Manager | Ryon Brently 26 Timberwoold Ct | | |
| AMBR | Victor Whaley 124 Azalea dr Crawfordville FC 3232 | <u>+</u> | |
| | | | |
| | | | |
| ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific at the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of State ARTICLE VI: Other provisions, if any. | and cannot be more than five business days prior to applicable statutory filing requirements, this date | o or 90 d | |
| reouired signature: | 2 | | - |
| This document is executed in I am aware that any false infor | or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida St mation submitted in a document to the Department on a sprovided for in s.817.155, F.S. | | |
| Тур | ped or printed name of signee | 17 e | 47. 440. 440. |
| \$125.00 Filing Fee for Articles of Organiza | Filing Fees: ation and Designation of Registered Agent | F3 25 5 | 95 152 |
| \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | | : : | |
| | | 7: (| A SSA |

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

ARTICLE IV-