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Office Use Only



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## COVER LETTER .

TO: New Filing Section Division of Corporations
SUBJECT: Jason and Hehry Giding Name of Limited Enability Company
Name of Limited Mability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Smith
Name of Person
Firm/Company
• •
2918 Sharer Rd Address
Tallahassee FL 32310
Tallahassee FL 32310 Getusum 77 Dyahoo, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henry Carter at (850) 933 5769  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \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)}
Mailing Address New Filing Section  Street Address New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	ĸ.	П	C1	Æ	Į-	Na	me:
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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:
2918 Shares Rd	1124 Dre Hedlow Ln
Tallahouse FL	Taila Fl
27.718	37204
	<i>5</i> .

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:

Sason Swith

Name

2918 Shaver Ra

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

Talia FC 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  N G-R	Henry Carter
	Talla, PC 32304
MGR	Jason Smith
	_age 5 have CRC
	- (allehassee FC 72319
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