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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(During Spin Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	The Cutting Crew LLC			
SOBJEC		Limited Liabili	ity Company	
The encle	osed Articles of Organization and fee(s)	are submitted	for filing.	
	turn all correspondence concerning this		-	
	Cynthia R Collins			
	·	Name of	Person	
		Firm/Co	mpany	
	2729 Unity Tree Drive			
		Addr	ess	
	Edgewater Florida 32141			
	4thecuttingcrew@gmail.com	City/State and	d Zip Code	9. k
		sed for future a	nnual report notification)	
For further	information concerning this matter, ple	ease call:		EC 2
	Cynthia R Collins	386 (846-4079)	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			4.
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	Certific	ed Copy — Certif al copy is enclosed) — Certif	00 Filing Fee, ficate of Status & fied Copy fied copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

<u>Title:</u>			Name and Address:			
	3R" = Authorized	Member				
	R" = Manager		0.41.50.00			
<u>AMB</u>	AMBR		Cynthia R Collins			
			2729 Unity Tree Drive			
			Edgewater Florida 32141			
AMB.	R		Delton McLin			
11.110	AMDA		21 Oakmont Circle			
			Ormond Beach Florida 32174			
			·			
(Use a	attachment if neces	ssary)				
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:									
The name of the Limited Liability Company is:									
The Cutting Crew LLC									
(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:						
2729 Unity Tree Drive		272	2729 Unity Tree Drive						
Edgewater Florida 32141		Eds	Edgewater Florida 32141						
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:									
Delton McLin									
Name									
21 Oakmont circle									
Florida street address (P.O. Box NOT acceptable)									
	Ormond Beach	Florida	32174						
	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)