L180000 73524

(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:				

Office Use Only



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COVERLETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Sect F. SCHEL CAR Name of Limited Li	
The enclosed Articles of Organization and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
Scot Fischt	2ne of Person
3724 A DOUGUAR	J DVL
City/Str PIRATE CARENTRY E-mail address: (to be used for fu	13 D GWALL COM ture annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Co	ode Daytime Telephone Number
Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy ditional 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

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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:		
3724A Donovan Dr Tollonassee FL 3230	<u> </u>			
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra. The name and the Florida street address of the registe.	wn Registered Agent. Y ition.)	's Signature: ou must designate an individual or .	ASSEE. F	
Florida street add	ress (P.O. Box <u>NOT</u> ac	ceptable)	RIDA)
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)

the selection of the

1	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	54 9	सम्बद्धाः स्वरूपः । १८०
	M 612	THE RESTRICTION PRINCE TO THE RESTRICTION OF THE RE	18 MAR 2] [areas
	(Use attachment if necessary)	SEE. FILORIOA	3 PM 4: 08	
(If an ethe date Note: the do	CLE V: Effective date, if other than the date effective date is listed, the date must be specified.	of filing:		
	REQUIRED SIGNATURE:			
	Signature of a m	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b). Florida Statutes.		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

I, Scot Fischer will not reinstate SCOT FISCHER CARPENTRY, LLC.