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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

	TO: New Filing Section Division of Corporations	1	11 <i>-</i> L
	SUBJECT: Sichard Car Kon's Quality IN Name of Limited Liability Company	Sla	llations
	The enclosed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:  Name of Person	**	sidity fadding , V
	5645 Maple Forest Dr	-	
	Tallahassee Fl. 32303		
	City/State and Zip Code	-	
	E-mail address: (to be used for future annual report notification)	-	
	For further information concerning this matter, please call:		
,	Christ Carllanat (850) 933-0118  Name of Person Area Code Daytime Telephone Number	840	. 19874 sattes
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) Certificate of Status (additional copy is enclosed)	, <u>29</u>	
	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 Tallahassee, FL 32314  Tallahassee, FL 32301	R 26 PM 4: 04	(77)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Hichard Carltons Quality Installations (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	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:	
50.45 Manla Forestor Same	_
Tallah35/ec. 171.32303	<del></del>
	_
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:	Specific Specific Co. 3
Name	
5645 Marle Forest VV	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee 76 36303	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capac	rity. I
further agree to comply with the provisions of all statutes relating to the proper and emplete performance of my dutie am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	es, and l

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Title:	Name and Address:	HELL HARRY - A	,,
1	"AMBR" = Authorized Member "MGR" = Manager	25.1/20-140	16.0 1007	
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		1411949386 F1 32303		
	(Use attachment if necessary)			
		COPTIONAL)		
ARTIC	CLEV: Effective date, if other than the date of	of filing: (OPTIONAL)		
If an	effective date is listed, the date must be spe	ecific and cannot be more than tive business days prior to or 90 days after		
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SLURETARY OF STATE
NEL AHASSEF, FLORIO.

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ARTICLE IV-