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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DEFAIL BY DEMAND Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eddie Lee Carter Je Name of Person
Name of Person
DEtail By DEMANO
54 S.W. 11th Street Apt. 3
DANIH Florida 33004 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eddie Carfer at (454) 934-4577
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$130.00 Filing Fee & Certificate of Status (Certified Copy (additional copy is enclosed))
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:	11'e - C						
e name of the Limited Lia	lity Company is:						
Dota	/ And Damand	111					
(Must	By Demand ntain the words "Limited	Liability Com	рапу, "	L.L.C.," or "LLC.")	· · · · ·		
RTICLE II - Address:							
e mailing address and stre	address of the principal	office of the Li	mited I	Liability Company is:			
<u>Pri</u>	ipal Office Address:			Mailing Ad	dress:		
545 W	114 St. Apt 3 Beach Flerida			54 5W 11th S	1. Apt 3		
DANIA	Beach Florida	33,004	Dn	NIA BULL FLOR	(NA 3300	<u>ञ्</u>	
TTICLE III - Registered ne Limited Liability Comporther business entity with	ny cannot serve as its owr	n Registered A	l Agent gent. Ye	's Signature: ou must designate an	individual or		
e name and the Florida str	t address of the registere	d agent are:	_				
	<u>Eddie</u> 2	lee Car	40/	•			
		Name					
	_545W 1	14 Sten	71 1	ant 3			
	Florida street addres						
	DANIA	Floeid	A	33004			
	City	State		33004 Zip			
ing been named as register e designated in this certific er agree to comply with th amiliar with and accept th	te, I hereby accept the app provisions of all statutes r obligations of my position	pointment as regelating to the p	gistered proper a agent as	l agent and agree to ac ind complete performa	et in this capac ence of my duti	ity. I	
	Kegisi	tereu Agent s s	ngnatui	e (REQUIRED)			
		(CONTINU	JED)		TALLIANASSELL	18 APR -9 PM	r m.ED
							R. R

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Anibe	Eddie lee Larder 54 5W 118 St. Apt. 3
MER	DANIA Florida 33004 Eddie Lee Earter 54 SW IM St. Apt. 3 DANIA Florida 33004
···	
e of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
LEV: Effective date, if other than the date ffective date is listed, the date must be speed filing.)	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
ELE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not cument's effective date on the Department ELE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
ELE V: Effective date, if other than the date ffective date is listed, the date must be spend of filing.) If the date inserted in this block does not cument's effective date on the Department ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records. The member of an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes, we information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
ELE V: Effective date, if other than the date ffective date is listed, the date must be spend of filing.) If the date inserted in this block does not cument's effective date on the Department of ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manual of the date of the Department of the Departm	meet the applicable statutory filing requirements, this date will not be to of State's records. The member of an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes, we information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.