## L18000094465

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## COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: G. A. Sec Name of Lim	Jices LiLiC.	:	য়াব ভ্সা≛ু
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Gorson R.	Anorews Name of Person	_	
4770 Pies	ton Johnston Road	<del>-</del> 	
Aunreus Gur	F(A 3Z30]  Sity/State and Zip Code  O N 7460 GMAIL (Color for future annual report notification)		গুড় ঋ্ট
For further information concerning this matter, please			
GORSON ANDREWS at (	850 578 - 8075 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:  \$\int_{\text{S125.00}} \text{Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en	s &	
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		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name:
The name of the Limited Liability Company is:  G. A. Sorves  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
C D C TILL OS
(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:
Tollahissee Fla 32301
TallAhissee Fl4 32301
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:
GOTZNOZ Pr. ANDrews
Name
4770 Prestor Johnson Roger
Florida street address (P.O. Box NOT acceptable)
Tallahasser 1-14 32701 City State Zip
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)

"AMBR" = Authorized Member "MGR" = Manager	GORDON HAWDENS 4770 Prestow Johnston THII- CIA 32301	Las
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(Use attachment if necessary)		vi. a.
hadata of filing \	nd cannot be more than five business days prior to or, the capplicable statutory filing requirements, this date will r	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
1 Corba R	alug	
This document is executed in a lam aware that any false infort constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statute mation submitted in a document to the Department of Staty as provided for in s.817.155, F.S.	s. te
Cocoo	ed or printed name of signee	

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)