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Special Instructions	to Filing Officer:	
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TALL AND SSEE, BLORDA

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Landport Appraisal Services 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:
Joseph L. Carter Ir Name of Person
Landpoint Appraisal Services Firm/Company
1112 S. Magnolia Da Apt A101 Address
Tallahassee FL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JosephiCallet Jr at (404) 323-6125 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address New Filling Services
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, F1, 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Landfoint Appraisal Services (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:
Joseph L. CARTEN Jr. 1112 S. Magnolic D. Apt 101 Tallaha Tallahassec FL 32301	Magnolia Dr Apt A101
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You mus another business entity with an active Florida registration.)	ature: t designate an individual or APA
The name and the Florida street address of the registered agent are:	R 2
JOSEPH L. CANTER IT	
Name	
III2 S. Magnolia Dr Apt. Florida street address (P.O. Box NOT acceptable)	A/0) SHE SHE
Tallahassee FL 32	301
City State	Zin

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..

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JOSEPH L. CARTEN Jr
<u> </u>	1112 S. Magnelia Dr Apt Alui
	Tallohussee FL 32301
(Use attachment if necessary)	
•	
LEV: Effective date, if other than the da	ate of filing: (OPTIONAL)
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LE V: Effective date, if other than the da ffective date is listed, the date must be see of filing.)	specific and cannot be more than five business days prior to or 90 days
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-