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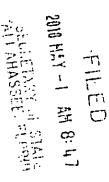
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Certified Copies	_ Certificates of	of Status
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Office Use Only

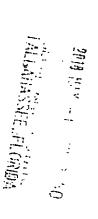


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J. FASON MAY 01 2018



COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Tyler's Custom Creationa Renocations CLC. 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:
Steven Tyler Warren Name of Person
770 Appleyard dr Apt #58
City/State and Zip Code Ty Fy dat data (a) Gman (Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven horsenat (850) 692-1835 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$250.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 (additional copy is enclosed) Street Address New Filing Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tullahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tylers Custom Creation	Reportions LL.C.
(Must contain the words "Limited Liability Co	ompany, "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:

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 regis	stered agent ar	e:	1
	Steven	n Tu	les L	Doven
		Name	1	
	770	Ado Ce	raso	dr.
	Florida street a	ddress (P.O. B	bx NOT acce	otable)
	Tallaha	350e,	FL,	3,2300
	City	Ste	ate	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EURETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Steven Tyler women
CE O	770 Hope ward ir #SD
	70111 which 5500 dec. 22204
	3-1 . 1. Then Tower
	720 Apple and of SR
MGR	Tallahasseel/fl 32304
•	
	
(Line attachment if nacoccary)	
(Use attachment if necessary) E.V: Effective date, if other than the factive date is listed, the date must	ne date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on t	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-