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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

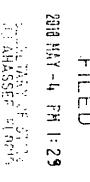
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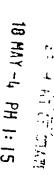
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Charrely & Trimwork, (10 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:
Royce W. Charrey JR Name of Person
100 Wast Street
11/01/20/10/20/10 20 20/60
Wewalutchka, H 32/65 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(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:
160 West Street //cowst Street //cowst Street //cowst Street //cowst Street
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:
Michael Roche Charrey, JR
160 Wost Street
Florida street address (P.O. Box NOT acceptable)

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)

19 HAY -4 PH 1:2

<u>Title:</u> "AMBR" = Author	land Mambar	Name and Address:
"MGR" = Manager		Royce M. Chancey, Jr 16th West Street Willautolike, 7+ 3.1467
		(~ (COAMININE) 1 (30.70)
	-	
		
(Use attachment if	necessary)	
(Use attachment if		5/4/4 (OPTIONAL)
CLE V: Effective date	if other than the date of fil	ing: 5/4/18 (OPTIONAL) and cannot be more than five business days prior to or 90 days
CLE V: Effective date effective date is listed ate of filing.) If the date inserted in	e, if other than the date of fil , the date must be specific	the applicable statutory filing requirements, this date will not be li
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)