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(,	Requestor's Name)
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COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT:	Brian Colvin L Name of Limit	ed Liability Company		
The enclose	ed Articles of Organization and fee(s) are s	submitted for filing.		
Please retur	m all correspondence concerning this matt	er to the following:		
	Brian Colvin	Name of Person	<u>. </u>	
		· ·		-
	5842 Foxfield	Address		-
		Vadices		
	Tallahassee, F	1 3230 H ity/State and Zip Code	.2 4 .	233
		amail - com	经高	in T
	E-mail address: (to be used	for future annual report notification)	20.7	1120 年
For further	information concerning this matter, please	e call:		是(
	Brian colvin al	950 321. Lo199 rea Code Daytime Telephone Number	- 128.00 fr - 2178 S	8: 52
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status			
	Mailing Address New Filing Section	Street Address New Filing Section Division of Corporations		
	Division 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

ARTICLE I - Name: The name of the Limited Liability Company is:
Byan Colvin LLC (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:
5842 Foxfield Trace
1011-hasses Ft 3230x1
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: Sold Sol
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 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I further agree to comply with the provisions of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Copyright of the provisions of this block does not meet the applicable statutory filing requirements, this date will not be unment's effective date on the Department of State's records. REOURED SIGNATURE: REOURED SIGNATURE: REOURED SIGNATURE: REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Copyright of Printed Name of Signature of Printed Name of Signatures. This decrease of Organization and Designation of Registered Agent.	If necessary) Interpolation in the date of filing: Interpolation in the date of filing: Interpolation in the date must be specific and cannot be more than five business days prior to or 90 days did in this block does not meet the applicable statutory filing requirements, this date will not be lighter on the Department of State's records. IGNATURE: IGNATURE: IGNATURE: INTERPOLATION IN THE INTERPOLAT	Title:	Name and Address:
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