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COVER LETTER

Division of Corporations
SUBJECT: JAMES CANTED HOME DEPREMENT 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:
James F. Carter Name of Person
139 whitekway Ester
Crawfordulle Fl. 32327 City/State and Zip Code Je carter 53 @ yahou. Com
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 Certificate of Status S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
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

(Must contain the words "Limited Liability Company "L.L.C." or "L.L.C.")

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature;

Principal Office Address:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

	Fiorida street address (i	.O. Dox <u>2501</u> 6	occpiacity	
	Crawfordulle	Fl.	32327	
,	City	. State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e, I hereby accept the appoint provisions of all statutes related	tment as register ting to the prope	r and complete performan	ce of my duties, and l
·	Registere	ed Agent's Signa	ature (REQUIRED)	
		(CONTINUED)	
				SERVE SERVE

Mailing Address:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	James Carter 139 whitlock way Crawfordville Fi 32327
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	ate of filing: 1) Uly 24, 26 (8 (OPTIONAL)
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does no	ate of filing: <u>July 24, 2618</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 of more the applicable statutory filing requirements, this date will not ent of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is exiliam aware that any ficonstitutes a third de	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exil am aware that any ficonstitutes a third de	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. The member of an authorized representative of a member, equived in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State.