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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

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| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: CBC Rinting Name of Limited | of Fluida, LLC I Liability Company |
| The enclosed Articles of Organization and fee(s) are sur Please return all correspondence concerning this matter | |
| 20 Wakulla St. | Address |
| estitchens 846 | 32358 //State and Zip Code //State and Zip Code |
| For further information concerning this matter, please of | call: |
| Billy Rolden berry at (8) Name of Person Are | ea Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{Certificate of Status}\$ | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address New Filing Section Division of Corporations | Street Address New Filing Section Division of Corporations Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | BC Hainting OF Floridy, LLC |
|---|-------------------------------------|
| (Must contain the words "Limited Liability C | tompany, "L.L.C.," or "JLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the | e Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 20 Wakulla St. Sopchoppy, FL. 32350 | 20 Wakulla St. Soputoppy, FL. 32358 |

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Christopher S. Kitchers

Name

20 Wakulla St

Florida street address (P.O. Box NOT acceptable)

Sox hoppy FL 32358

City State Zip

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)

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| <u>itle:</u> | Name and Address: |
|--|--|
| AMBR" = Authorized Member | |
| MGR" = Manager | |
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| MGR | Chies topher Kitchens |
| Mair | 20 make Na St. Soo howay FC |
| | 33388 |
| 6000 | 0 12 21 1500 |
| AMBR | (irtis Now I'm |
| | Sockyon, El 73350 |
| | |
| OMBR | William Puke |
| | South 2001 - 30359 |
| | |
| Jse attachment if necessary) | |
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