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COVER LETTER

TO: No Di	ew Filing Section ivision of Corporations		
o.tri Offi	Carriage Trade, LEC		
SUBJECT	Nan	ne of Limited Liabili	ty Company
The enclose	ed Articles of Organization and	fee(s) are submitted	for filing.
Please retu	rn all correspondence concernin	g this matter to the f	ollowing:
	Joseph O'Lear		
		Name of	Person
		Firm/Co	mpany
	1631 Laird Street		
		Addr	ess
	Key West, FL 33040		
		City/State ar	nd Zip Code
	E-mail address: (b	o be used for future	annual report notification)
For further	information concerning this mat	ter, please call:	
	Paul S. Mills, CPA	305	294-3699
	Name of Person	at (Area Code	Daytime Telephone Number
Englosed	is a check for the following amo	ount;	
	Filing Fee \$130.00 Filing Certificate of	Fee & \$155 Status Certi	.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporatio P.O. Box 6327 Tallahassee FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Fl. 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

Carriage Trade, LL	.C		
(Must co	ntain the words "Limite	d Liability Company,	"L.L.C.," or "L.LC.")
RTICLE II - Address:			
e mailing address and street	address of the principa	loffice of the Limited	Liability Company is:
<u>P</u> rinc	ipal Office Address:		Mailing Address:
529 Eaton Street			Laird Street
Key West, FL 330	ı4ñ	Kev	West, FL 33040
RTICLE III - Registered A	agent, Registered Offic	re, & Registered Ager	nt's Signature: You must designate an individual or
RTICLE III - Registered A he Limited Liability Compa other business entity with a he name and the Florida stre	ny cannot serve as its o n active Florida registra	wn Registered Agent. ition.)	nt's Signature: You must designate an individual or
he Limited Liability Compa other business entity with a	ny cannot serve as its o n active Florida registra	wn Registered Agent. nion.) red agent are:	nt's Signature: You must designate an individual o
he Limited Liability Compa other business entity with a	ny cannot serve as its of nactive Florida registra et address of the registe	wn Registered Agent. ition.) red agent are:	nt's Signature: You must designate an individual o
he Limited Liability Compa other business entity with a	ny cannot serve as its of nactive Florida registra et address of the registe	wn Registered Agent. nion.) red agent are:	nt's Signature: You must designate an individual o
he Limited Liability Compa other business entity with a	ny cannot serve as its orn active Florida registra et address of the registe Paul S. Mills. CPA	wn Registered Agent. nion.) red agent are:	You must designate an individual o

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

18 OCT 17 AM 6: 51

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Joseph O'Lear AMBR 1631 Laird Street Key West, FL 33040 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 10/01/2018 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED 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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

Joseph O'Lear