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(Requestor's Name)				
(requested a reality)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
(Socialities (Value C.)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hammer Day Dull Donon L. 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:
Matthew G MADVEWS Name of Person
Hammer Down Development, LLC
309 Landings Drive
City/State and Zip Code Commer down Cofer Jamail. Cor
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 \$ \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 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

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The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Matthew Granding Dr.

309 Landing Dr.

140 Haven Fl. 3244 Lynn Haven Fl. 32444

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:

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

City State

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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Tialas	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Matthew G. and Rus 309 Landines Dave 149 Haven Fl. 32444
	
(Use attachment if necessary)	
If an effective date is listed, the date must be spe- he date of filing.) Note: If the date inserted in this block does not me	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records.
the document's effective date on the Department o	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	the Jahanber of a member.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)