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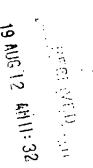
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## COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: <u>Lambert's Chatings</u> LLC 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:
Chris Cambert
Name of Person
<u> </u>
347 Emerala Acres Dr.
Address
Crawfordville Fl. 32327
Chn, 5 / amber 7540 a gmail, 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
wante of a crown and a crown buy wine a crown or a crown of a crow
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - :Name:
The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
(Musi contain the wirds) Entitled Elability Company: 1886. (A 1886.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
347 Emerald Acres Dr. 317 Emerald Acres Dr. Crawfordville, Fla, 32327 Crawfordville, Fla, 32327
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:
Name,
347 Emerald Acres Dr.
Florida street address (P.O. Box NOT acceptable)
Crawtordrille Fla. 32327
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.

(CONTINUED)

(gent's Signature (REQUIRED)

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Chair Lambat
14GR	Crawfordy, le, Fla. 323;
Jse attachment if necessary)	
V: Effective date, if other than the date of etive date is listed, the date must be specifiling.)  The date inserted in this block does not me	rific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not
f filing.)	eific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date of etive date is listed, the date must be specifiling.)  he date inserted in this block does not modern's effective date on the Department of VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a modern of this document is executed.	eific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)