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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Caro/5 Boo	Ro & Songo Limited Liability Company		
The enclosed Articles of Organization and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Carol 1	M. Lester		
	Name of Person		
Carol's B	Jooks & Sorgs	19	: /
	Firm/Company	-0 -10 -10	
17815 SE	114th Cl.	200	f) II
	Address	<u> 2</u> .	: :
Summerfiela	0, FC 34491	9: 5:	(<u>)</u>
Not Formous J	City/State and Zip Code Wast Blassed @ gmail. Com used for future annual report notification)	w	÷
For further information concerning this matter, pl	•		
pi	rease can.		
Carol M. Lester at	(<u>703</u>) <u>659 - 554/</u> Area Code Daytime Telephone Number		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee S130,00 Filing Fee & Certificate of Status)	
Mailing Address	Street Address		
New Filing Section Division of Corporations	New Filing Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Carol's	Books + A	ng LLC		
(Must conta	in the words "Limited Liability (Company, "L.L.C.," or "LLC.	.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of th	e Limited Liability Company	rist	
Principa	1 Office Address:	<u>Mailing</u>	Address:	
		17875 58	114th 00	9
			lield FC	3449
ARTICLE III - Registered Age (The Limited Liability Company) another business entity with an ac	cannot serve as its own Registere	ered Agent's Signature: ed Agent. You must designate	: an individual or	- 19
The name and the Florida street a	ddress of the registered agent are	:: 1		12
	Coul M Name 17815 SE	. Lester		70 1
	Name			D 2027
	17415 SE	1144 CT.	<u>.</u>	조 청다.
	Florida street address (P.O. Ro	v NOT accontable)		<u>.</u>
	Summerfuld City Stat	FB. 344	'91	or 23
	City / Sta	e Zip		T
Having been named as registered a	gout and to accord saming of pro-	were for the above stated limits	ad linkilin a de	

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.,

Corol M. Lester

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must b	date of filing:
LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does r	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does rument's effective date on the Department of the Department's effective date on the Department of the	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be nent of State's records.
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LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does rament's effective date on the Department's effective date	a member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State