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COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: CQC	150 y Einte Name of Lim	106:505 LL ited Liability Company	. <u>C</u>
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Eric	<u>M.</u>	Name of Person	<u></u>
 .		Firm/Company	
901	Tallahas	See St. Address	-
Carr	abelle, F	14 32322 hty/State and Zip Code 1 (a) Yahoo . for future annual report notificati	Cory
For further information co	ncerning this matter, please	call:	
Eric	Causeya (S	PSO) 559 - 5 rea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	oder in

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:

he name of the Limited Liability Company is:

Cousey Enterprises LLC
(Most constin the words "Limited Liability Company, "L.L.C.," or "LLC.")

RTICLE II - Address:

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

Principal Office Address: 01 Tallahassee St 901 Tallahassae St.

RTICLE 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 nother business entity with an active Florida registration.)

he name and the Florida street address of the registered agent are:

Eric M. Causey

Name

901 Tallahassee 5+.

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

Carrabelle FL 32322

ving been named as registered agent and to accept service of process for the above stated limited liability company at the ce designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position as registered agent as provided for in Chapter $605,\,F.S.$

Registered Agent's Signature (REOURED)

(CONTINUED)

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 (Use attachment if necessary) (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)