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Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DOVID JUNIOY UDSTAW GYOUP 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:
David Syntor Upshaw Name of Person
David Sunior Upshaw Group UC
104 South Beverly St
Frith 100 Carroll o Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David J. Upshaw at (850) 295 0769 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status & Certificate

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address 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

The name of the Limited Liabilit	y Company is:	
David Si	unior Upshaw E	110UD LLC
(Must cont	ain the words "Limited Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Lin	nited Liability Company is:
<u>Princip</u>	al Office Address:	Mailing Address:

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:

ARTICLE I - Name:

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. Ifurther 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)



	norized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	David Junior UDShaw
	Park = 32248
effective date is listed, the date must be space of filing.)	e of filing:
•	t of State 3 records.
ICLE VI; Other provisions, if any.	·
REQUIRED SIGNATURE:	21 Teachans
	member or an authorized representative of a member.
Signature of an	
This document is exec I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
This document is exec I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

as

\$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)