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4. 3/11/26

COVER LETTER

Divisio	n of Corporations
cun incer	CARTER'S CONTRACTING SERVICES. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	DERENDA CARTER
	Name of Person
	Firm/Company
	1725 S MONROE ST
	Address
	TALLAHASSEE, FL 32301
<u></u>	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please call:
DEF	RENDA CARTER 850 300-2211
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
■\$ 125.00 Filir	ng Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section

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 FLORIDAL MITTED LIABILITY COMPANY	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:	2022 MAR 10 PM 3: 29
CARTER'S IMPROVEMENT SERVICES, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	ALLAHASSEE, FI

Princ	ipal Office Address:		Mailing Address:	
1725 S MONROE STREET TALLAHASSEE, FLORIDA 32301			SAME	
RTICLE III - Registered /	Agent, Registered Office, &	Registered Agen	t's Signature:	
nother business entity with a	iny cannot serve as its own F in active Florida registration	Registered Agent. \ .)	'ou must designate an individual (
mother business entity with a	iny cannot serve as its own F in active Florida registration	Registered Agent. \ .) agent are:	'ou must designate an individual (
The Limited Liability Companiother business entity with a Fhe name and the Florida stre	iny cannot serve as its own F in active Florida registration et address of the registered a	Registered Agent. \ .) agent are:	'ou must designate an individual (
mother business entity with a	iny cannot serve as its own F in active Florida registration et address of the registered a	Registered Agent. No. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) ('ou must designate an individual (
mother business entity with a	iny cannot serve as its own F in active Florida registration et address of the registered a DERENDA CARTER	Registered Agent. Nagent are: Name	'ou must designate an individual (
mother business entity with a	any cannot serve as its own Fin active Florida registration et address of the registered: DERENDA CARTER 9748 HERON STREE	Registered Agent. Nagent are: Name	'ou must designate an individual (

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..

DeRenda Carter
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Memb "MGR" = Manager	ег
"MGR" = Manager	
MGR	DERENDA CARTER
4,44,774	9748 HERON ST
	TALLAHASSEE, FL 32305
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CLE V: Effective date, if other the effective date is listed, the date is	an the date of filing:
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as

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)