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COVER LETTER

TO: New Filing Section Division of Corporations Soddins LLC	
SUBJECT: CFFN SIGF GATINGS 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:	
JEFEMIAH DEMETATISH OUTLEY Name of Person Sodding LL Green Sile UP tambsen Firm/Company	1
112 SFRENITY LN Address	
Name of Person Area Code Daytime Telephone Number	コニカフ
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	sodding LLC
Greav Side (Must contain the words "Limited Liabil	4P-LANDS PARTY LIC
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:

-Quincy RC 32351	38 Willies to 32343
DETECT THE DOLLAR TO THE TANK	

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:

SELEUL	2H Clit-	154
112 STETTE Florida street address	1. (P.O. Box <u>NOT</u>	neceptable)
Quina	F (3235/

S

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. Thereby 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 and to accept the obligations of my position as registered agent.

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
BMBR	Joranial Cytlay Course (EL3235)	<u> </u>
		<u> </u>
MGIR.	DROMEGE BRANTON 38 WILLIES LANGUAGE FLA	_ _ _32345
		_
(Use attachment if necessary)	ALLA	95 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
If an effective date is listed, the date must be sp	e of filing: / - 30 - 23 (OPTIONAL) cecific and cannot be more than five business days prior to get	D days after
me date of fining.)	meet the applicable statutory filing requirements, this date will	
the document's effective date on the Department		
ARTICLE VI: Other provisions, if any.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	2: 51 3:ME
		
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.

TIEREMIAH OUTES

Filing Fees:

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

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