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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Burton Motors ports, 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:	
Fay Elizabeth Swite Name of Person	
Name of Person	
Burton Motors ports, LLC Firm/Company	
2601 Huy 297A	
Address	
Cantonment FL 325335	
fay lizsuite grail Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Fay Scite at (910) 850-8806	
Name of Person Area Code Daytime Telephone Numb	er
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Certificate of Status	160.00 Filing Fee, tificate of Status & tified Copy is enclosed
Mailing Address Street Address	SE :

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 2023 JAN 19 PH 1:52 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Burton Motors F	ports LLC
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
	maning Addits.
2401 Hwy 29719	same

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Fay Flizabeth Swite

Name

2601 Histy 297A

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

Cantoninaent FL 32533

City State 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. 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..

distered Agent's Signature (REQUIRED

(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)

ARTICLE V: Effective date, if other than the date of filing: 1-27-2623 . (OPTIONAL) (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)

\$ 5.00 Certificate of Status (Optional)