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SECTION OF STATE

2023 AUG 16 FM 1: 26 2023 AUG 16 PH 4: 15

COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: 38 Construction 4 Development, 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:
Taylor Beard Name of Person
38 Construction + Development, LLC Firm/Company
499 Woodville Huy, Crawfordville, FL 323
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylor Beard at (850) 688-3993 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	Development, LLC
(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
crawfordvile, FL 32327	<u>Same</u>
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Taylor &	eard
Florida street address (P.O. Box	e Hwy
crowford ville F	
City State	Zip
Having been named as registered agent and to accept service of procesolace designated in this certificate, I hereby accept the appointment as in the agree to comply with the provisions of all statutes relating to the impairing that the familiar with and accept the obligations of my position as registered.	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I
Registered Agent'	S Signature (REQUIRED)
(CONTI)	NUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
m GR	Taylor Beard 499 Wagdy, lle Huy Crawfordy, lle, FL 32327
(Use attachment if necessary)	
n effective date is listed, the date must b late of filing.)	date of filing: \(\frac{\lambda/\lambda/23}{\lambda\lambda}\). (OPTIONAL) The specific and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be listed.
document's effective date on the Departn	
TCLE VI: Other provisions, if any.	

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

Tambre Benel

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.

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)