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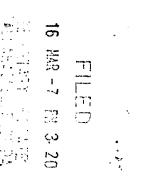
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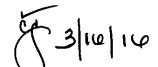
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# **COVER LETTER**

	Registration Division of	n Section Corporations			
SUBJECT	7HA10	5, LLC			
SUBJECT	ı. <u> </u>	Name of	Limited Liabi	lity Company	
The enclos	sed Articles	s of Organization and fee(s)	are submitted	d for filing.	
Please retu	urn all corre	espondence concerning this	matter to the	following:	
	Kari H.				
	··· » · · · · · · · · · · · · · · · · ·	<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Name o	f Person	
	Gerrard (	Cox Larsen			
			Firm/C	ompany	
	2450 St.	Rose Parkway, Suite 200			
			Add	ress	
	Henderso	on, NV 89074			
	kharkins@	gerrard-cox.com	City/State a	nd Zip Code	
		E-mail address: (to be us	sed for future	annual report notification	n)
For further i	information	concerning this matter, ple	ase call:		
	Kari H.	at (	702	796-4000	
	N	Name of Person	Area Code	Daytime Telephone	Number
Enclosed i	is a check f	or the following amount:		•	
\$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & Tied Copy (and copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ne Div P.C	w Filing Address w Filing Section vision of Corporations D. Box 6327 llahassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR -7 PH 3- 20

7HA105, LLC

(Must end with the words "Limited Liability Company, "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:
2764 N. Green Valley Parkway #415	2764 N. Green Valley Parkway #415
Henderson, NV 89074	Henderson, NV 89074

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:

Lynn Thompson		
	Name	,
1049 S.W. Sultan D	rive	
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Port St. Lucie	FL	34953
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Meml	Name and Address:	
"MGR" = Manager		
Manager	ETO LTD	
	2764 N. Green Valley Parkway #415	
	Henderson, NV 89074	
Manager	James L. Reece	
	132 Weatherstone Drive	
	Henderson, NV 89074	
	11011011011, 117 0,001	<del></del>
Manager	Lynnette Reece	
	132 Weatherstone Drive	
	Henderson, NV 89074	
<del></del>	·	
(Use attachment if necessary)		
P. W. 1202 and J. Janes M. and J. J.	(ODTIONAL)	
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