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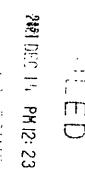
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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	Bentley Tucker LLC			
.,0		imited Liability Company		
The en	closed Articles of Organization and fee(s)	are submitted for filing.		
Please	return all correspondence concerning this	matter to the following:		
	Nancy Robbins			
		Name of Person		
	Bentley Tucker LLC			
		Firm/Company		 D2
	77 Village Walk Lane			1 330 Jan
		Address		
	Ponte Vedra Beach, FL 32082			<u>ज</u>
	nancyh4984@gmail.com	City/State and Zip Code	t	<u> </u>
		ed for future annual report notificat	ion)	
For furth	er information concerning this matter, ple	ase call:		
	Nancy Robbins	904 631-05	41	
	Name of Person	Area Code Daytime Telephon		
Enclose	ed is a check for the following amount:			
□ \$ 125	5.00 Filing Fee	& \$\Bigcup \\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}	12\$160.00 Fil Certificate of Certified Cop (additional copy	Status & y
	Mailing Address New Filing Section	Street Address New Filing Section D		
	Division of Corporations P.O. Box 6327	The Centre of Tallaha 2415 N. Monroe Stre		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

150111111	LLC			
(Must	conatin the words "Limited Lia	ibility Company,	"E.E.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	cet address of the principal office	ce of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
77 Village Walk	Lane		/illage Walk Lanc	
Ponte Vedra Bea		Pon	te Vedra Beach, FL 32082	
				
another business entity with	n an active Florida registration.) treet address of the registered ag Nancy Robbins)	You must designate an individual	4 PH 12: 23
	77 Village Walk Lane			
	Florida street address (P.O. Box NOT a	cceptable)	
	Ponte Vedra Beach	FL	32082	
	10	State	Zip	
	City	State		

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Membe	г
"MGR" = Manager	
AMBR	Nancy Robbins
	Nancy Robbins 77 Village Walk Lanc Ponte Vedra Beach, FL 32082
	Ponte Vedra Beach, FL 32082
AMBR	Barbara J. Bates
1,	4499 Goldcrest Jacksonville, FL 32244
	Jacksonville, FL 32244
	<u> </u>
	<u> </u>
	יין. ביים וויים ביים ביים ביים ביים ביים ביים
(Use attachment if necessary) E V: Effective date, if other than	in the date of filing: $\frac{\sqrt{2/8/2}}{}$. (OPTIONAL)
LE V: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block dument's effective date on the Department. LE VI: Other provisions, if any.	n the date of filing:
LE V: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block dument's effective date on the Department. LE VI: Other provisions, if any.	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block diment's effective date on the Department. LE VI: Other provisions, if any.	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
EV: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block diment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records. A annual of Rabbuns
LE V: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block dument's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records. A Robbins To a Robbins The of a member or an authorized representative of a member.
EV: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block diment's effective date on the Department of the Departmen	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records. Concept A Robert
EV: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block diment's effective date on the Department's effective date on the Department's effective date on the Department Signature. Signature This document I am aware that	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records. A Robbins To a Robbins The of a member or an authorized representative of a member.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)