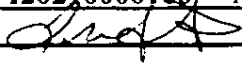




FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160, AMOUNT: 130.00

AUTHORIZATION SIGNATURE:



3481 Aragon #304, LLC

Business Name

Document Number, (if known):

Walk in

Pick up time \_\_\_\_\_

Mail out

Will wait

Photocopy

Certified Copy of Articles of Organization

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

**AMMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

**Dissolution/Withdrawal**

Merger

Conversion

**OTHER FILINGS**

Annual Report

Fictitious Name

APOSTIL ( )

Country

**REGISTRATION/QUALIFICATIONS**

Foreign filing

Limited Partnership

Reinstatement

Statement of Revocation of Dissolution

Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 3481 Aragon #304, 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:

Luca Di Nunzio  
\_\_\_\_\_  
Name of Person

Dorcey Law Firm, PLC  
\_\_\_\_\_  
Firm/Company

10181 Six Mile Cypress Pkwy Ste C  
\_\_\_\_\_  
Address

Fort Myers, FL 33966  
\_\_\_\_\_  
City/State and Zip Code

support@dlfregisteredagent.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luca Di Nunzio                      239                      308-1073  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, 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 I - Name:

The name of the Limited Liability Company is:

3481 Aragon #304, L.L.C  
(Must contain 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:

12601 Mastique Beach Blvd Apt. 501  
Fort Myers, FL 33908

12601 Mastique Beach Blvd Apt. 501  
Fort Myers, FL 33908

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.)

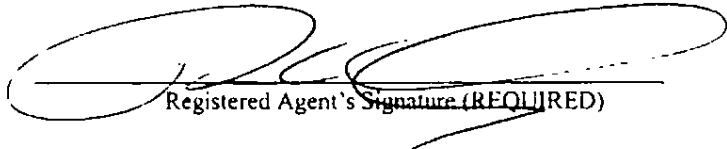
The name and the Florida street address of the registered agent are:

DLF Registered Agent Service, LLC  
Name  
10181 Six Mile Cypress Pkwy Ste C  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Myers                      FL                      33966  
City                                  State                                  Zip

2022 FEB 14 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Jason T. Scoggins  
12601 Mastique Beach Blvd Apt. 501  
Fort Myers, FL 33908

AMBR

Elizabeth Diane Scoggins  
12601 Mastique Beach Blvd Apt. 501  
Fort Myers, FL 33908

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

DocuSigned by:

**JASON SCOGGINS**

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.

Jason Scoggins

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)