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(Requestor's Name)		
(Address)		
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THELEANASSEE FLORIDAS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1401 S.W. Martin Luther King Jr. Blud. Suite 1421 Arcadia, FL. 34266	
Blvd. Suite 1421	
Accadia FL. 34266	

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:

Jennifer Danie

Horadia FL 34266
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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGC = Minager	Jennifer Daniels
IV-CLT)	1678 Sw. Harlen Circle Arcadia Fi 34266
	Arcadia Fl 34266
AMBR	Te Candina Barrand
	Jacanaice Bernard
	Accadia , FL 34266
(Use attachment if necessary)	
A DOLLE E. V. TOT L. Jan. if when there does do	outs of fillings (OPTIONAL)
ARTICLE V: Effective date, if other man the d (If an effective date is listed, the date must be	ate of filing:
the date of filing.)	
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed as
	ant of State 5 records.
ARTICLE VI: Other provisions, if any.	51% ownership
toniter Duniels	49% Ownership
required signature:	\bigcirc
KECONED SIGNATORIA	
/ / /	member or an authorized representative of a member.
Wais document is lext	ented in accordance with section 605-0203 (1) (b), Florida Statutes.
Nam aware that any f	alse information submitted in a document to the Department of State
	gree felony as provided for in s.817.155, F.S.
<u>Jen</u>	Typed or printed name of signee
	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)