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## WALK IN

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	CERTIFIED COPY		
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### COVER LETTER

	w Filing Section vision of Corporations		
	Towhee 22 Partne	ers LLC	
SUBJECT:		mited Liability Company	<del></del>
The enclose	d Articles of Organization and fee(s) ar	re submitted for filing.	
Please return	n all correspondence concerning this m	atter to the following:	
	Jason Matthews		& <b>2</b>
-		Name of Person	DZ5 MAR 13 AM
	Towhee 22 F	Partners LLC	ASS -
•		Firm/Company	S S S S S S S S S S S S S S S S S S S
	301 W Platt St., #A343		9: <b>47</b> STATE E, FL
		Address	
	Tampa, FL 33606		
-	Jmatt@TeamABV.com	City/State and Zip Code	
	E-mail address: (to be used	d for future annual report notificati	on)
For further in	formation concerning this matter, pleas	se call:	
J	Nan Nan	nt ( 412) 414-4405 ne of Person — Area Code time Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 File	ing Fee X \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 of Corporati  Clifton Building  2661 Executive Cente	

Tallahassee, FL 32301

#### ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

	Towhee 22 Partner	rs LLC		
(Musi	contain the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal office of the Limi	ted Liability Company is:		
	ncipal Office Address: A343 Tampa, FL 33606	Mailing Address:		
			<del>-</del>	
(The Limited Liability Com	I Agent, Registered Office, & Registered A pany cannot serve as its own Registered Ager h an active Florida registration.)	nt. You must designate an individual of	<b>2025 HAR</b> SECTION	4
(The Limited Liability Com another business entity wit	pany cannot serve as its own Registered Ager	nt. You must designate an individual of		
(The Limited Liability Com another business entity wit	pany cannot serve as its own Registered Ager h an active Florida registration.)	nt. You must designate an individual of	2025 HAR 13 AM 9: 4	
(The Limited Liability Com another business entity wit	pany cannot serve as its own Registered Ager h an active Florida registration.) creet address of the registered agent are:	nt. You must designate an individual of	2025 MAR 13 AM 9: 47	
(The Limited Liability Com another business entity wit	pany cannot serve as its own Registered Ager h an active Florida registration.) rect address of the registered agent are:  Jason Matthews  Name	nt. You must designate an individual of LAHASSEE	2025 MAR 13 AM 9: 47	

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..

Jason Watthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jason Matthews
	301 W Platt St., #A343 Tampa, FL 3360
(Use attachment if necessary)	JAC SECO
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  If the date inserted in this block does not meet the date inserted in this block does not meet the date inserted in this block does not meet the date.	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date-will not
te of filing.)  If the date inserted in this block does not mee cument's effective date on the Department of	filing:
te of filing.)  If the date inserted in this block does not meet cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date-will not State's records.
REQUIRED SIGNATURE:  Signature of a memiliar amount of a may a secured in this block does not meet to the date inserted in this block does not meet to the date on the Department of the Departm	the applicable statutory filing requirements, this dire-will not State's records.  **Matthewa**  ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE:  Signature of a memiliar amaware that any false in constitutes a third degree for Jason Mattle	the applicable statutory filing requirements, this dire-will not State's records.  **Matthewa**  ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

ARTICLE IV-