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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deff B Joung 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:	
DUFF B. Moung Name of Person)	
(Firm/Company)	
3246 Robinhood Rd. E. E	
(Address)	l
1011. FL. 32312	-
(City/State and Zip Code)	
For further information concerning this matter, please call:	*
at ()	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	•
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3246 Robinhoud Rd. Tall. FL 32312	SAME_
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the representation of the results of the r	red Agent. You must designate an individual or mother of the segistered agent are: Young

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 608, F.S.

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Duffy B. Young Talling 32312 3246 Robinhood Rd.
	SEERL THE SECOND
	PHI2: IL
(Use attachment if necessary)	
TCLE V: Effective date, if other that	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pr
TCLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance we see the content of the content o	number or an authorized representative of a member.
TICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance we of this document)	nust be specific and cannot be more than five business days property of an authorized representative of a member.