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, (020) 272-0021.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	bigail Bonham Name of Limit	LLC	
	O Name of Limit	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Abig	ail Bonham il Bonham LL		
U	1	Name of Person	
Abiga	il Bonham Ll		
		Firm/Company	
16706	· Vallely Drive		
		Address	75 (n)
Tampa	FL 33618		DEC 19 MM 1: 00
	Cit	y/State and Zip Code	
Abbybon	ham@gmail.com	y/State and Zip Code for future annual report notification)	
J	E-mail address: (to be used t	for future annual report notification)	. 00
For further information	concerning this matter, please	call:	
Abigail B	onham	at (813) 451 - C	453
Name	of Person	Area Code & Daytime Teleph	hone Number
Enclosed is a check f	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Abigail Bonham LLC. (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16706 Vallety Drive Tampa, FL 38618	16706 Vallely Drive Tampa, FC 35648
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Abigail Bonk	lam 3
	ess (P.O. Box <u>NOT</u> acceptable)
Tampa City, State	FL 336/8 , and Zip
	cent service of process for the above stated limited

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing	Member
MGR	Abigail Bonhum 16706 Vallely Dr. Tampa, F1. 33618
(Use attachment if nec	•*
TICLE V: Effective date, an effective date,	if other than the date of filing:
TICLE V: Effective date, an effective date is listed, or to or 90 days after the	if other than the date of filing:

MINITULE IV- Manager(s) of Managing Member(s).

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)