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(Address)	_
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(City/State/Zip/Phone #)	_
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T. BROWN

COVER LETTER

*	TO:	Registration Division of C			·
	SUBJEC	CT: <u>1691 Be</u>	asley Drive, LLC Name of Lin	nited Liability Company	
	The encl	losed Articles	of Organization and fee(s) a	re submitted for filing.	
	Please re	eturn all corres	pondence concerning this m	atter to the following:	
		Chris Cha	ivez	Name of Person	
		<u>1691 Bea</u>	sley Drive, LLC	Firm/Company	
		925 Carte	er Road	Address	
		DeLand,	Florida 32724	City/State and Zip Code	
	chr	ise3787@ho	tmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
	For furt	her information	n concerning this matter, ple	ase call:	
	Chris C		at (at (386) 451-3787 Area Code Daytime Te	lephone Number
	Enclose	ed is a check fo	r the following amount:		
E	☑ \$125.00	0 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SEE P. T.
1691 Beasley Drive, LLC	70,
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
925 Carter Rd., DeLand, FL 32724	925 Carter Rd., DeLand, FL 32724
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Chris Chavez	
Name	
925 Carter Road Florida street address (P.O. Box 1	NOT acceptable)
DeLand,	FL 32724
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gattons of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> </u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Chris Chavez
	925 Carter Road
	DeLand, FL 32724
AMBR	Sandra Chavez
AWIDIX	925 Carter Road
	DeLand, FL 32724
	DeLanu, FL 32724
<u> </u>	
(Use attachment if necessary)	
ctive date is listed, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 9
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ARTICLE IV-