## 11500020014

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	#)
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DEC 3 2015

S. GILBERT

## COVER LETTER

<b>TO</b> :	-Registration Section Division of Corporations		•				
CUDII	4 EVA ME LLC						
SUBJI		Limited Liabilit	y Company				
The en	closed Articles of Organization and fee(s)	are submitted 1	for filing.				
Please	return all correspondence concerning this	matter to the fo	llowing:				
	LATONYA YVETTE HILL						
		Name of I	Person				
	Firm/Company						
	PO BOX 1251						
		Addre	SS				
	PALMETTO, FL 34220						
	LATONYAHILL1975@GMAIL.CO	City/State and M	Zip Code				
	E-mail address: (to be us	sed for future ar	inual report notification)				
For furth	ner information concerning this matter, ple	ease call:					
	LATONYA HILL	305	896-8093				
	Name of Person	Area Code	Daytime Telephone Number				
Enclos	ed is a check for the following amount:						
	00 Filing Fee \$\frac{1}{2}\$\$\$S130.00 Filing Fee & Certificate of Status	└─-lCertifie	Stiling 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 Corporations  Clifton Building  2661 Executive Center Circle  Fallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
•	15 May ED
4 EVA ME LLC	15 NOV.
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")  15 NOV 18 PM 4: 44
ARTICLE II - Address:	ALLABAM
The mailing address and street address of the principal office of the	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
1831 13th Avenue E.	PO BOX 1251
Bradenton, Florida 34208	PALMETTO, FL 34220
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent ar   LATONYA YVETTE HILL	ed Agent. You must designate an individual or
Name	م اد
3583 NM 73	ro Afre
Florida street address (P.O. B	ox NUT acceptable)
SUNRISE FL	<del></del>
City Sta	te Zip
Having been named as registered agent and to accept service of proposed designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registed.  Registered Age	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	
"M(ik" = Manager	
AMBR/MGR LATONYA HILL	
PO BOX 1251	
PALMETTO, FL 34220	
TALWETTO, 1 E 34220	
	—
	—
	—
Use attachment if necessary)	
the date inserted in this block does not meet the applicable statutory filing requirements, this date winent's effective date on the Department of State's records.	
hent's effective date on the Department of State's records.	
E VI: Other provisions, if any.	
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Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida State I am aware that any false information submitted in a document to the Department of sconstitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filling Fees:	

ARTICLE IV-