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16 MAR 28 PH 5: 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Arabella Group L.L.C.
300,12	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Grace de la Gueronniere
	Name of Person
	Arabella Group L.L.C.
	Firm/Company
	11924 Forest Hill Blvd, Ste 10A-238
	Address
	Wellington, Florida 33414
	City/State and Zip Code Gracedelag@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Grace de la Gueronneire 9082 2850611 at (
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	O Filing Fee \$\ \text{Certificate of Status} \] \$155.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)} \] \$160.00 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 Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICI.	E1	i - '	Nя	me
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The name of the Limited Liability Company is:

Arabella Group L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

11924 Forest Hill Blvd, Ste 10A-238

Wellington, Florida 33414

11924 Forest Hill Blvd, Ste 10A-238 Wellington, Florida 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Grace de la Gueronniere

Name

11924 Forest Hill Blvd, Ste 10A-238

Florida street address (P.O. Box NOT acceptable)

Wellington

Florida

33414

City

State

Zip

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

16 MAR 28 PM 5: 13
SECRETARY OF STATE
AND ANASSEE FLORIDA

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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

AMBR = Authorized Member MGR" = Manager Grace de la Gueronniere 11924 Forest Hill Blvd, Ste 10A-238 Wellington, Florida 33414 AMBR Emily Traphagen Smith 14395 Stroller Way Wellington, Florida 33414 Ev: Effective date, if other than the date of filing: Ev: Effective date, if other than the date of filing: It is a cannot be more than five business days prior to or strilling. The date inserted in this block does not meet the applicable statutory filing requirements, this date will remain's effective date on the Department of State's records. Ev: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Grace de la Gueronniere Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	(OPTIONAL) ive business days prior to or 90 grequirements, this date will not atative of a member. 5.0203 (1) (b), Florida Statutes. ment to the Department of State 55, F.S.	1GR" = Manager	
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