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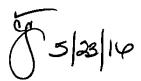
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stateside Reauty, UC 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:	
Lisa Jayne Wallace Name of Person	
Stateside Realty, UC	
Firm/Company	
4644 Tuscana Or Address	
Address	
Sarasota FL 34241	
Sarasota, FL 34241 City/State and Zip Code Lisa @ Stateside International Realty. Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
lisa Wallace at (941) 400-4084	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)
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:				FILED
The name of the Limited Liability Comp	any is:			16 MAY 18 PH 4: 50
	de Rear words "Limited L		LC pany, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal offi	ce of the Lin	nited Liability Comp	pany is:
Principal Offic	e Address:		<u>Mai</u>	ling Address:
YOUY TUSCONO Sarasota, FL	34241		Po Box Saraso	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address	serve as its own R orida registration. of the registered a	egistered Ag) gent are:	ent. You must desig	
Lis	oa Jayre	<u>2 Wa</u> Name	Mace	
46	44 Tus	Cana	pr	
	da street address (·	
<u>Sa</u>	rasota,	FL	34241 zip	
	City	State	Zip	
Having been named as registered agent an place designated in this certificate, I hereby further agree to comply with the provisions am familiar with and accept the obligation.	v accept the appoint of all statutes rela	ntment as reg iting to the pi	istered agent and ag oper and complete p	ree to act in this capacity. I performance of my duties, and I
	St	wall	ace	

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Lisa Wallace
Divol	
	PO BOX 70824, SARASOTA, FL 34276

- The state of the	
(Use attachment if necessary)	
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