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(Re	equestor's Name)	
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

	egistration Section vivision of Corporations	
SUBJECT	Name of Limited Liability Company	
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
	SETH FUNDERBURG TO	5
	Name of Person	
	Firm/Company 1031 dunbing ST	, —: : <u>er:</u> : cr
	131 dunbiae ST = Address	12
- For further in	E-mail address: (to be used for future annual report notification) nformation concerning this matter, please call:	
-	Name of Person Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy is enclosed} \ \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy is enclosed} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (addition	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end	with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street a	address of the principal office of the	he Limited Liability Company is:	
<u>Princip</u>	pal Office Address:	Mailing Address:	
1000	N mills AVE	WBI doubur st muterpern fi 42789	 L_
another business entity with an		ed Agent. You must designate an individual or	<u>سب</u>
The name and the Florida street	t address of the registered agent ar 30 H Name	Funderburg	6 SEP 19 PH 1
The name and the Florida street	Name 12540 R Florida street address (P.O. B	Funderburg wer birth Drz. Box NOT acceptable)	SEP 19
The name and the Florida street	30 th Name 12540 12	Funderburg wer birch Drz. Box NOT acceptable) H 35569	SEP 19

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager	Sector Funder bures
	131 doublas 35
	MINTERPARK EL 31769
Amor	ANNIE GRACE FURTER DURG
	131 divibing or
	WINTERPHOX FI 72769 5
	m v
	<u>_</u>
	O E
	9.6
(Use attachment if necessary)	
,	<i>y</i> *
CLEV: Effective date, if other than the date of filing:	
	d cannot be more than five business days prior to or 90 da
te of filing.)	applicable statutory filing requirements, this date will not be
cument's effective date on the Department of State's	· · · · · · · · · · · · · · · · · ·
edition is effective date on the Department of State s	s records.
CLE VI: Other provisions, if any.	

REOUIRED 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 Statutes. 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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)