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(Re	questor's Name)	
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COVER LETTER

10.	Division of Corporations			
SUBJEC	103RD LANE ENTERPRISES,LL	C.		
GODGEC		Limited Liabi	lity Company	
The encl	osed Articles of Organization and fee(s)	are submitter	d for filing.	
Please re	turn all correspondence concerning this	matter to the	following:	
	Marion Bilda			
		Name o	f Person	
	103RD LANE ENTERPRISES,LLC	,		
		Firm/Co	ompany	
	3065 SE 103RD LANE			
		Add	ress	
	OCALA, FL 34480			
	marion.bilda@gmail.com	City/State as	nd Zip Code	
	E-mail address: (to be us	ed for future	annual report notifica	tion)
For further	r information concerning this matter, ple	ase call:		
	Marion Bilda	352	512-2300	
	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	└─/Certif	00 Filing Fee & fied Copy nal copy is enclosed)	S160.00 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 Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
103RD LANE ENTERPRISES,LLC. (Must end with the words "Limited Liabil	ity 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:
Principal Office Address: 3065 SE 103rd Lane Ocala,F1 34480	Mailing Address: Same

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

 Brian Stacev

 Name

 11728 CR 207W

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

 Oxford
 FL
 34484

 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

01:21 Hd 71 AON 91

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager		
MGR	Marion Bilda	
	3065 SE 103rd Lane	
	Ocala,Fl 34480	
(Use attachment if nece	essary)	
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ARTICLE IV-