## U190000 41910

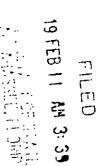
(Re	equestor's Name)			
(Ād	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



600324268886

02/11/19--01045--028 \*\*125.00



2K 2/19

## COVER LETTER

	New Filing Section Division of Corporations	
SHRIFE	1841 Twelve Oaks Lane LLC	
30000	TT: Name of	Limited Liability Company
The encl	osed Articles of Organization and fee(s	s) are submitted for filing.
Please re	turn all correspondence concerning this	s matter to the following:
	Carol Leighty	
		Name of Person
		Firm/Company
	108 N Mill Ridge Trail	1 into company
		Address
	Ponte Vedra Beach, FL 32082	
	clleighty@comcast.net	City/State and Zip Code
	E-mail address: (to be u	used for future annual report notification)
For further	information concerning this matter, pl	lease call:
	Carol Leighty	904 891-7930
	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	
	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

(031)			wt 1 0 7 wt 1 0 7 v	
(1417)	st contain the words "Limited Liab	ulity Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal office	of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
108 N Mill Ridge Trail		108 N Mill Ridge Trail		
100 11 11111 1210		Ponte Vedra Beach, FL 32082		
Ponte Vedra B  ARTICLE III - Register The Limited Liability Counother business entity with	each, FL 32082 ed Agent, Registered Office. & R	Ponte Registered Agen gistered Agent. V		
Ponte Vedra B  ARTICLE III - Register The Limited Liability Co another business entity w	each, FL 32082  ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.)  street address of the registered age	Ponte Registered Agen gistered Agent. V	nt's Signature:	
Ponte Vedra B  ARTICLE III - Register (The Limited Liability Co another business entity w	each, FL 32082  ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.)  street address of the registered age  Carol Leighty	Ponte Registered Agen gistered Agent. V	nt's Signature:	
Ponte Vedra B  ARTICLE III - Register (The Limited Liability Co another business entity w	each, FL 32082  ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.)  street address of the registered age  Carol Leighty	egistered Agent Sistered Agent. Vent are:	nt's Signature:	
Ponte Vedra B  ARTICLE III - Register (The Limited Liability Co another business entity w	each, FL 32082  ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.)  street address of the registered age  Carol Leighty  Na	ent are:	nt's Signature: You must designate an individual or	
Ponte Vedra B  ARTICLE III - Register The Limited Liability Co another business entity w	each, FL 32082  ed Agent, Registered Office. & R mpany cannot serve as its own Reg ith an active Florida registration.)  street address of the registered age  Carol Leighty  Na  108 N Mill Ridge Trail	ent are:	nt's Signature: You must designate an individual or	

(CONTINUED)

Registered Ageny's Signature (REQUIRED)

## ARTICLE IV-

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

	Title: "AMBR" = Authorized	Member	Name and Address:	
	"MGR" = Manager MGR	-	Matthew Leighty 337 East 5th St #3FE New York City, NY 10003	
		-		
	(Use attachment if nece	(com)		<del></del>
If an ef he date <u>Note:</u> I the docu	fective date is listed, the of filing.) f the date inserted in this	block does not meet the a the Department of State's	. (OPT cannot be more than five business days pplicable statutory filing requirements, the records.	prior to or 90 days after
	REOUIRED SIGNAT	URE:	R-A	
		Mouth	AM	
	This do I am aw	ecument is executed in accordance that any false informatites a third degree felony as	or authorized representative of a member ordance with section 605.0203 (1) (b), Florion submitted in a document to the Departs provided for in s.817.155, F.S.	orida Statutes.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

+11-11