Tallahorse FL 32310 80-671 City/State/Zip Phone # 5100 Address Tallahorse FL 32310 80-671 *****205.00 *****155.00

	Office Use Only	
CORPORATION NAME(S) & DOCUMI		
1. (Corporation Name)	(Document #)	SECR ROJES
2(Corporation Name)	(Document #)	FILED ETARY OF S
3(Corporation Name)	(Document #)	RAPIONS
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status	. क्रम्प्य ()
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	RECEIVEI
	Trademark Other	* * * * * * * * * * * * * * * * * * *

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Wandering LEAF, LLC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability	Company is:
154 FLENIA DRIVE Mailing WANDERING-LESTIC	SFI WOLE
TRU MARCE TI 322	31 000/CK3
TALIBHALLE FL 32310 TALIBHALLE FL ?	52.3(U
154 ELENA, DRIVE Mailing WANDERING-LEAF/LEAFILEATION TALLAHASSEE FL 32310 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signal	iture:
	=
The name and the Florida street address of the registered agent are:	SECRETARY OF S
Thomas Bruney	
Name 3'	3 CS X
Florida street address (P.O. Box NOT acceptable)	Por
मा	STATE DRATION
City, State, and Zip TOUGHASSEE FL 32310	8
SUAHAIJEE TL 3290	atad limitad
Having been named as registered agent and to accept service of process for the above sta	neu umueu vont as rocistored
liability company at the place designated in this certificate, I hereby accept the appointment of the complex with the provisions of the complex with the provision with the provision of the complex with th	all statutes
agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with an	d accent the
obligations of my position as registered agent as provided for in Chapter 608, F.S	и иссерь пле
obligations of my position as registered agent as provided for in Chapter 600, 1 is	
to my	
Registered Agent's Signature	
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more man	agers and is,
therefore, a manager - managed company.	
/ 1910 1 / 1 11 110 - CC - Line data in monatori	D.
(An additional article must be added if an effective date is requested	IJ
Tom Band	

Street:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS M. BRUR CEY
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)