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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO:	_	Registration Section Division of Corporations						
SUBJ	ECT: _	SUE.	L GNNE (Name of Limited I	VENT	URES.	LLC		
			(Name of Limited I	Liability Comp	any)			
The er	closed A	Articles of Organ	nization and fee(s)	are submitte	ed for filing.			
Please	return a	ll corresponden	ce concerning this	matter to the	e following:			

Susan Aleutice	
(Name of Person)	
(Firm/Company)	
-	_
3077 BOXELDER ST	
(Address)	
DELTONA FL 32725	
(City/State and Zip Code)	

For further information concerning this matter, please call:

SUSAN PRENTICS at (386) 789 2967
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUELYNNE VENTURES, 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:

152 TREEMONTS DR ORANGE CUTY, FR 32763

2017 BOKELDER ST DELTONA, FL 32125

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SUSAN L PRENTICE

3077 BOXELDER ST Florida street address (P.O. Box NOT acceptable)

DECTONA FL 32725

City, State, and 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 is 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member MGR	SUSAN L PRENTICO 3077 BOXELDER ST BELTONA, FLORIDA 3	<u>ξ</u> <u>1</u> 725	,	•
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(Use attachment if necessary)				
NOTE: An additional article must b	e added if an effective date is requested.			
(In accordance with sec of this document consti- that the facts stated her	´) ^ ~	SECRETARY OF STATE VALLAHASSEE, FLORIDA	03 AUG 25 PM 2: [1]	
<i>V</i>	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)			

Page 2 of 2