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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Aug Mawyy (Name of Limited Liabil	LLC ity Company)		
The enclosed Articles of Organizat	ion and fee(s) are submitted f	for filing.		
Please return all correspondence co	oncerning this matter to the fo	llowing:		
Jason Pearly (Name of	f Person)			
Josep Peavly (Firm/Co	masenti)			
15958 SW Corlos (Address	Pearry Rd			
Blocstown Fl 32421 (City/State	le and Zip Code)		,	SECOND FI
For further information concerning	this matter, please call:			73 万
Tusen Pravy (Name of Person)	at ( <u><b>95</b></u> (Area	Code & Daytime Teleph	4277 none Number)	M 9 54
inclosed is a check for the following an	nount:			
J \$125.00 Filing Fee	of Status Certified	Copy (Copy is enclosed)	160.00 Filing Fee, Certificate of Status Certified Copy additional copy is enclose	
STREET ADDRESS.		MAILING A	nnrfss.	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
15958 GV Corlos Pravy Rd Biodoun Fl 32424	15959 SW Corlos Pray Rd Bloustown Fl 32424	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:	
The name and the Florida street address of the registered	d agent are:	
Josep Pearly		
'Name		
159595W Corlos Peary R	J	
Name  15958 SW Corlos Peary RJ  Florida street address (P.O. Box NOT acceptable)		
Slovstann FL City, State, and Zip	32424	
City, State, and Zip	SE O4	
Having been named as registered agent and to accept seliability company at the place designated in this certificate registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agent.	tte, I hereby accept the appointment as ther agree to comply with the provisions of all e of my duties, and I am familiar with and as the as provided for in Chapter 608, For the second	
Registered Agent's Signatu	ıre	

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member

"MGRM" = Managing Member

fl. MGRM

Jason fearly

15958 Sw Corls Jearly

Dioustown Fl 32424

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

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)

4 NOV 23 M 9:54 SECRETARY OF STATE ALLAHASSEE, FLORID-