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(Ře	equestor's Name)	
(Ac	ddress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETATY OF STATE

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W4-85014

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Texas (Name of Limited L	htreet LC iability Company)	 -		
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.			
Please return all correspondence	concerning this matter to the following:			
Linda S.	Speer ne of Person)			
(1481)	ie of Person)			
(Firm	n/Company)			
1086 Nuna	Auenue -	<u>. </u>		
Ft. Wyers	FL 3390S te and Zip Code)			
For further information concerning this matter, please call	t:		•	
Linda S. Speer at (Name of Person)	(239) 334-7565 (Area Code & Daytime Telephone Number			
•		SEC	35. H	
STREET ADDRESS:	MAILING ADDRESS:	IETARY OF STAT WASSEE, FLORIC	14 HOV 17 PM 3:	
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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:	
Texas Street	uc
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address: Mailing	g Address:
1086 NUNA AVENUE 1081	o No Na Avenue
Ft. Uyers, FL Ft.	Lycrs, FC
33905	33905
ARTICLE III - Registered Agent, Registered Office, & Registered agent at the name and the Florida street address of the registered agent at a S. Speer Name 1080 Nuna Auent Florida street address (P.O. Box NOT acceptate) Florida street address (P.O. Box NOT acceptate) City, State, and Zip	FILED OH HOW IT PM 3: 36 SECREMEN OF STATE FALLAHASSEE, FLORIDA

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 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u> MGRM</u>	Stephen D. Speer 11 1013 Scott Ave. Lehigh Acres FL 33972
MGRM	Stephen D. Speer 1086 Nuna Avenue Ft. Myers FL 33905
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested
REQUIRED SIGNATURE:	e added if an effective date is requested.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$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)

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

D. Speer II
Typed or printed name of signee

that the facts stated herein are true.)