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Special Instructions to F	filing Officer:		
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SECHELASSEE, FLORIDA

TRANSMITTAL LETTER

Division of Co						
SUBJECT: E. F. Fish	her LLC					
	(Name of Limite	ed Liability Con	npany)			
The enclosed Articles o	f Organization and fee(s) are s	submitted for fil	ing.			
	ondence concerning this matte		•			
Elmer F.						
	(Name of Person)				
		Firm/Company)				
	`	, company,				
13627 Deer	ing Bay Dr., Suite 901					
		(Address)				. ~
					d . 0	
Corol	Gables, Fl. 33158				O4 NOV 29 SECKETAL TALLAHASS	Em . E
Colai		State and Zip Co	ide)			EX.
	(Cas)	oute and zip co	ac)		29 ASSI	
For further information	concerning this matter, please	call:			SEE. P	
					8: 59 FLORID	
Elmer F. Fisher		at (_786	877 7702			
(Name	of Person)	(Area Co	ode & Daytime Te	elephone Number)	A	
Enclosed is a check fo	r the following amount:					
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co (additional cop	* *	\$160.00 F Certificate of Certified Co (additional copy)	f Status & ppy	
STRE	ET ADDRESS:		MAILING A	DDRESS:		
Regist	ration Section		Registration S			
	on of Corporations		Division of Co			
	Gaines Street assee, Florida 32399	,	P.O. Box 6327 Tallahassee, F			
~ 444,644,51						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:
E.F. Fisher LLC	
ARTICLE II - Address:	
	f the principal office of the Limited Liability Compan
**** *********************************	company company
Principal Office Address:	Mailing Address:
E.F. Fisher LLC	E.F. Fisher LLC
13627 Deering Bay Dr., Suite 901	13627 Deering Bay Dr., Suite 901
Coral Gables, Fl. 33158	Coral Gables, Fl. 33158
Elmer F. Fisher	Name
13627 Deering Bay Dr.	, Suite 901
Florida s	treet address (P.O. Box NOT acceptable)
Coral Gables, Fl. 3315	3 FL
City	, State, and Zip
liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position.	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment a capacity. I further agree to comply with the provisions collete performance of my duties, and I am familiar with a cas registered agent as provided for in Chapter 608, F.S.
Registered	Agént's Signature

(CONTINUED)

Page 1 of 2

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

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

Title:		Name and Address:
'MGR" = Manager 'MGRM" = Manag		
MGRM	_	Elmer F. Fisher
		13627 Deering Bay Dr., Suite 901 Coral Gables, Fl. 33158
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	. • · · · · · · · · · · · · · · · · · ·	
	<u></u>	
	-	
Use attachment if i	necessary)	
NOTE: An addition	onal article must be a	added if an effective date is requested.
REQUIRED SIGN		Lisher
Ši	gnature of a member or	an authorized representative of a member.
(I of	n accordance with section f this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury 11 are true.)
<u> </u>	Elmer F. Fisher	
<u> </u>	Typed	or printed name of signee
Filing Fees:		SEI SEI

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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