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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	→ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>,</u>
Certified Copies	_ Certificates	of Status
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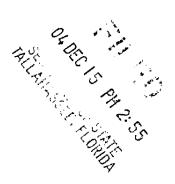
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Charter Number Only

Arnies. Requestor's Name 12545 Orc. Address Devil Elected City State CORPOR	LIUSKAT. Ange Drive, #503 33330 Phone 2420 RATION(S) NAME	VALIDATION ONLY	ALL DESCRIPTION OF THE PARTY OF
Coyot	e Properti	es LLC	
() Profit () NonProfit	() Amendment	() Merger	Free
() Foreign	() Dissolution	() Mark	<u>.</u>
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Change of R	egistered Agent
() Certified Copy	() Photo Copies	() Certificate U	nder Seai
() Call When Ready () Walk in (() Call If Problem () Will Wait () Picl	() After 4:30 k Up ()	Mail Out
Nema Aveilability			

Examiner Updater Verifier Acknowledgment W.P. Verifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:	
The name of the Limited Liability Company	4
Coyote Properti	rs, LLC
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12545 Orange Drive	12545 Orange Drive.
Suite 503	Suite 503
Davie, FL. 33330	Davie, FL 33330

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

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

Name

12545 Orange Dr. \$\pm 503\$

Florida street address (P.O. Box NOT acceptable)

DOVIC FLORIDA 33330

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 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)

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	Name and Address:
MGR	Arnie S. Muskat, Esq. 4839 Sunkist Way
	4839 Sunkist Way - Mooper City, FL 33330
MGRM	Lily Muskat 4839 Bunkistway
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cooper City, FL 33330
MGRM	him tero 4782 Sunkist Way
MERM	Cooper City, FL 3'3330 Tevesa Fitzsimmond
	4782 SUNKIST WAY
(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)