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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

Registration Section

409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations

SUBJECT:	3 Stochers or (Name of	Limited Liability Company)		
	icles of Organization and fee(s)			
Transi	S Courson)			
_ 3 &	rotlers + A Sis	Ter	2005 FEB 14 DIVILION OF SC TALLAHASS	FIL
	- 46 th Ave (Address)		CORPORATIONSEE, FLORID	FILEU
Je co	S.L. T. 329 (City/State and Zip Code	6 8-	NOAS STATE	Þ
For further inform	nation concerning this matter, pl	ease call:		
<u> </u>	(Name of Person)	at (772) 32 (Area Code & Daytime Te	l - 8545 lephone Number)	
Enclosed is a check for	the following amount:			
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREE	T ADDRESS:	MAILING	ADDRESS:	

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Three- Brothers + Ad	Sixter 11 C			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
16-46 the Ave Vero Bol, F1. 32968	SAME.			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
Name 16-46 Ave Florida street address (P.O. Box No.	PH 2:			
Vera & A FL City, State, and Zip	32968			

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, 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: Title: "MGR" = Manager "MGRM" = Managing Member WGRM Pobert Hanner 915 58 h Ave. Vera Oct. 71 32966

(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)