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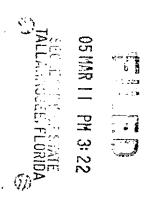
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(City/State/Zip/Prione #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
. Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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TRANSMITTAL LETTER

TO:	Registration Se Division of Co			
SUBJI	ECT:	CORBREE L.L.C.	d Liability Company)	
		(Name of Limite	Cliability Company)	
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	JAMILA EDMUNDS			. <u></u>
		(ı	Name of Person)	
(Firm/Company)				
		2006 1/11 84	ADMOCK DD	
3926 kILMARNOCK DR. (Address)				
APOPKA FL. 32712				
		(City/	State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
JAMI	_A EDMUNDS		at (407) 340-1953	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:		
□ \$125	.00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee. F	orporations IDA 23	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mpany is:
CorBree L.L.C.	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
CorBree L.L.C.	CorBree L.L.C.
3926 Kilmarnock	3926 kilmarnock dr
Apopka, Fl. 32712	Apopka Fl. 32712
	atoya Clements
	Name ZS S
	Name 3926 Kilmarnock Dr.
	Name ZS S
Floric	Name 3926 Kilmarnock Dr.
Floric Apo	Name 3926 Kilmarnock Dr. da street address (P.O. Box NOT acceptable)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MANAGING MEMBER	JAMILA EDMUNDS POBOX 1572 WINDERMERE, FL. 34786				
MANAGING MEMBER	THOMAS J. EDMUNDS POBOX 1572 WINDERMERE, FL. 34786				
MEMBER	LATOYA CLEMENTS 3926 KILMARNOCK DR. APOPKA FL 32712				
					
(Use attachment if necessary)					
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE:					
(In accordance with section	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.				
JAMI	LA EDMUNDS				
	or printed name of signee				
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)					