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TRANSMITTAL LETTER

FILED

Registration Section TO:

Division of Corporations

7035 MAY -3 P 1: 10 (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S125.00 Filing Fee S130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street. Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR IT	ORIDA LIMITED LIABILITY TOWNAMY
ARTICLE I - Name: The name of the Limited Lizbility Company is:	TALLAMATERIA
JAKE REECE EN	TERPRISES L.L.C.
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailine Address:
19341 HUGERT TRAIL WEST FORM BEACH, EL. 33411	1455 PALM BEACH, FL.
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
MICHAEL A.	LAMPERT, PA
1655 Parm Brace address addres	H LOKES BOULEVARD, THE FORUM STE# 900
WEST FALM BENCH COOK, SURGE, NO.	<u>取 3分(C)</u> d Zip
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	capt service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formace of my duties, and I am familiar with and god been as provided for in Chapter 608, F.S.
Registered Agent's Sa	THE FORUM, SUITE SCO 1655 PALM SEACH LAKES BLVD. WEST PALM SEACH, PL 80401

(CONTINUED)

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ARTICLE IV- Manager(s) or Manager The name and address of each Manager		FLED
Title:	Name and Address:	% (\ \ .315 (~~ ₀
"MGR" = Manager "MGRM" = Managing Member		3785 HAY -3 P 1: 10
MERY	MITCHEU A. PRINE 9341 MUGENT TRAIL WEST POUN BRACH, F 33411	SCORE MAY OF STATE TAULALIASTEE, FLORIDA
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested	
REQUIRED SIGNATURE: Signature of a member of	an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated herei	a 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)	
MITCHELL	PRIME 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)

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