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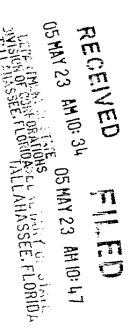
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## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	(Name of Limi	Group LLC. ted Liability Company)	
	Organization and fee(s) are ndence concerning this mat	submitted for filing. ter to the following: HZWN	
	HFF	(Name of Person)	,
1908		(Firm/Company)  Toc Circle (Address)	OS HAY 2
Apr.	#351 Valvasse . F	ty/State and Zip Code)	OS MAY 23 AM 10: 47  SECANASSEE, FLORIDA  SECONDO SECO
For further information co	oncerning this matter, pleas	e call:	>
Market (Name o	of Person)	at ( <u>678</u> <u>458.98</u> (Area Code & Daytime Te	803 elephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	□ \$130.00 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)
STREE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1908 Heritage Giove Circle Apt 337 Tallahassee, FC 32304	1908 Heistorge Grove Circle Apt 357 Tallahassee FL 32303

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

The name and the Florida street address of the registered agent are:	05 MA
1908 Heritoge Gove Circle  Apt 337  Florida street address (P.O. Box NOT acceptable)  Tyllahassee FC 37303  City, State, and Zip	Y 23 ANIO: 47

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)

Page 1 of 2

Ti

<u> Citle:</u> MGR" = Manager	Name and Address:	
MGRM" = Managing Member		
MGRM	Marhtaun 1908 Heritage Grove Apt 837 Tallahassee, Pl3230	3
<del></del>		
Use attachment if necessary)	he added if an affective date is	woonnooted
NOTE: An additional article must	be added if an effective date is	requested.
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of	a member.
of this document const.  that the facts stated h  Malk +	etion 608.408(3), Florida Statutes, the elitutes an affirmation under the penalties terein are true.)  The penalties are true.	execution s of perjury
Filing Fees:		OS TALL
\$125.00 Filing Fee for Articles of Orga of Registered Agent	nization and Designation	D5 M/Y 2

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