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(D.	equestor's Name)	
luc	equestors Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

AUG 22 PM 2: 4

TRANSMITTAL LETTER

TO:

FO: Registration Section Division of Corporations		
SUBJECT: E & B Properties I, LLC (Name of Limited	Liability Company)	
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Craig J. Koop		-
(N	ame of Person)	
ITA Implementation Services, LLC		
	irm/Company)	<u> </u>
1250 Barclay Bvd		TALE OF A
	(Address)	CHE CHE
T. W. L. D		SECRETARY OF STATE FLORID
Buffalo Grove, IL 60089	State and Zip Code)	<u></u>
City	state and hip code)	OR
For further information concerning this matter, please of	call:	DA C
	at (847) 495-3076	
(Name of Person)	(Area Code & Daytime Te	lephone 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)
STREET ADDRESS:	MAILING AI	
Registration Section	Registration Se	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6327	-
Tallahassee, Florida 32399	_ Tallahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

E & B Properties I, LLC	
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:
Principal Office Address: 13390 Highway 98 West	Mailing Address: 13390 Highway 98 West
-	·
13390 Highway 98 West	13390 Highway 98 West

Name

13390 Highway 98 West

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

Miramar Beach, FL 32550

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated 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..

egistered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	William Campbell III
	13390 Highway 98 West
	Miramar Beach, FL 32550
MGRM	Elizabeth Campbell
	13390 Highway 98 West
	Miramar Beach, FL 32550
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	S. Can luce an authorized representative of a member.
(In accordance with section	a 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury
Elizabeth Campbell	
Typed	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)