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## **COVER LETTER**

TO: Registration Section Division of Corporation	s		
SUBJECT:	Name of Limited Liab	oility Company)	
The enclosed Articles of Organiz	ation and fee(s) are submit	ted for filing.	
Please return all correspondence	concerning this matter to th	ne following:	
Patrick	E. law	of Person)	·
	Name	of reison)	
	(Firm)(	Company)	
( - ^	1		. 1
Let S Cu	escent (Ad	xec.C+. \( \langle \)	suite 120
Lake	Mary Fl.	32146 and Zip Code)	
n ed ie i	•		
For further information concerning	g this matter, please call:		
Katie Bre (Name of Person)	slow at (	401) 333- (Area Code & Daytime Te	333 Ex+. 27
Enclosed is a check for the foll	owing amount:		· '
\$125.00 Filing Fee \$13 Certifie		\$155.00 Filing Fee & tified Copy itional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is spelosed)
Registr Divisio P.O. Be	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s = 5

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words Limited Liability Company, "Limited	l Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Cols Crescat Erec. Ct Sk.120 Lake Many Fr 32446	Lake man, FL 32446
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Saint-Laur	rent Proporties, LLC
Mgo Lesia	ess (P.O. Box NOT acceptable)
Winter last City, State, an	FL 32189 d Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept 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 formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
mgR	Patrick E. Law 1218 Clessinston Circle Heathrow R. 32946
mgk	Todd L. Borck 549 Teton Street the Lake many F2 321
(Use attachment if necessary)	
LE V: Effective date, if other to fective date is listed, the date	han the date of filing: (OPTION must be specific and cannot be more than five business da
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)	
LE V: Effective date, if other to fective date is listed, the date	
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a (In accordance of this docume	must be specific and cannot be more than five business da

\$125.00 Filing Fee for Articles of Organization and Designation

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