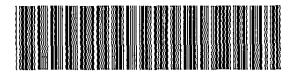
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(Cit	ty/State/Zip/Phone#	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C			-
SUBJECT:	John D Fou (Name of Limited	Hain LLC I Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Name of Person) The LL Firm/Company)	B 80 2
	312 Teal La		SSEE, FL
	Tall. Fl. 3230	(Address)	ATT ATT A
	Tou. Hain me of Person)		308
	for the following amount:	(Alea Code & Dayline 1e)	ephone Number)
划 \$125.00 Filing Fe	ee \$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)
	Mailing Address Registration Section	Street/Courier Address	i

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	-
John D Fountai	inelhc	95 NOV
(Must end with the words "Limited Liability Compan ARTICLE II - Address:	y, "Limited Company" or their abbreviation "L	C," or "BSSEE" 29 AM
The mailing address and street address o	f the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	êr.
312 Tail LN Tail. Fl 37388	312 Teal LN Tay Fl. 32308	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Ager wn Registered Agent. You must designate an in	at's Signature: dividual or another
The name and the Florida street address	of the registered agent are:	EFFECTIVE DATE
John D) Fountain Name	alphole
	Name	·
312 Toul	LN	
Florida s	street address (P.O. Box NOT acceptable)	
Tall Fl	FL 32308	
City	y, State, and Zip	

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 (REQUIRED

(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	Name and Address:
"MGRM" = Managing Member	是
MGR.M.	John Droughain SAB ATT 29
	317 ted LN 32308 Fig =
	OR OR
-	- Or P
-	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	e date of filing: /-/- 06 . (OPTIONAL)
an effective date is listed, the date mus	t be specific and cannot be more than five business day
ior to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
<u>ALQUIALD</u> SIGNATULE.	1.1
Admi	
Signature of a membi	er or an authorized representative of a member.
Digitature of a memor	
(In accordance with se	ection 608.408(3), Florida Statutes, the execution
(In accordance with se of this document const that the facts stated l	titutes an affirmation under the penalties of perjury

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)