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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _ Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Se Division of Con					,
SUBJECT: From		Lion Clause d Liability Company)	-up	LL	_
The enclosed Articles of	f Organization and fee(s) are so	abmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
Robert	- FoushEf	Name of Person)			
Frontie	r construc	HOU CHOUL-	-UP ALIGN	1r 90	-
3609	f Pickett	Court (Address)	ASSEE,	-6 F	
Tallal		State and Zip Code)	FLORID	子 5 7 7 7 7 7 7	-
	(0.1.).		A	0,	
For further information of	concerning this matter, please	call:			
Robert For	USULL of Person)	at (FTO) 878	-5467		
(Name	or reason,	(Mea Code & Dayante 1	siephone (valuoet)		
Enclosed is a check fo	r 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 Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

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 Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
TAKALUSSEE FY 12361 FL; FE &
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual and another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name
3604 Pickett Court
Florida street address (P.O. Box NOT acceptable)
FL 323 11
City, 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) Page 1 of 2

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Duhart For she

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)