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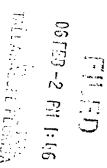
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
		
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Office Use Only



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M. HODGES

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: CON	EDERATE R	IVER COMPAN	y LLC.
 	(Name of Limited	d Liability Company)	
	Organization and fee(s) are so	_	
<u>d</u> 20	.	•	
Green PF	<i>-11-4</i>	Name of Person)	
	derate River C	•	
	(Firm/Company)	
2912	East Marks S	(Address)	
		(Address)	
Orlando	F) 32803	/State and Zip Code)	
	Chy	istate and Zip Code)	
For further information	concerning this matter, please	call:	
Gra PFL	9/2	at (407) 924.3	325
(Name	of Person)	at (407) 924.3 (Area Code & Daytime To	dephone Number)
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Confederate River Company LLC. (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 Lia	ability Company is:
Principal Office Address: Mailing Address:	
5250 Brosche Rd. 5250 Brosche X Orlande, FL 32807 Orlando, FL 3280	<u>2</u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	77.T 30
Greg PFL467 Name	
Z912 EAST MATKS St. Florida street address (P.O. Box NOT acceptable)	
Orlando, FL FL 32803 City, State, and Zip	ACON O J. C.

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

The name and address of each Manage	r or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Quock Loo 5250 Brosche Pd Orlando, FL 32807
MGR	Greg PFLUG 2912 EAST MOTHS St. Orlando, FL 32803
	
(Use attachment if necessary)	
or 90 days after the date of filing.)	specific and cannot be more than five business days p
<u>REQUIRED</u> SIGNATURE:	
And to	L/h/
Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated he	·
Gregory Typ	LEE Roy PFLUG ed or printed name of signee
Filing Fees:	

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)