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SUBJECT:	Da	vicl	Stewa (Name of Lir	nited Liab	Couper tu	ey.	LLC	
The enclosed	l Articles o	f Organizati	ion and fee(s) a	ire submitt	ed for filing.		100 PM	-71
Please return	all corresp	ondence co	ncerning this n	natter to th	e following:		LAG FE)
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For further in	nformation	concerning	this matter, ple	ase call:				
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	(Name	of Person)			(Area Code & Day)	time re	lephone Number)	
Enclosed is	a check fo	or the follo	wing amount:					
□\$125.00 F	Filing Fee		.00 Filing Fee ate of Status	Cer	\$155.00 Filing Fe tified Copy itional copy is enclos		\$160.00 Filing Fee Certificate of Status & Certified Copy. (additional copy is enclose	:
		Registrat Division P.O. Box	Address tion Section of Corporation x 6327 see, FL 32314	ns	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	ion oration Center	as	

The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT

ARTICLE I - Name:

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

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

Howards FL 32333

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er .
MGRM	Daviel Stewart
	Havana, FL 32233
Mamr	Richard Dale Ackange
	1091 AMES BORIVERU Rd.
	·
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
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LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a coordance of this document that the fact	must be specific and cannot be more than five business d

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