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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FRITZ Have LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ron Benfield
(Name of Person)
(Firm/Company)
16000 CA 20000
(Address)
Havana, Fl 30333 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Ron Benfield at (850) 539-5171 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

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 Company is:

(Must end with the words "Limited Liabifily Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
(wast end with the words Limited Liability Company, Limited Company or their aboreviation LEC., or L.C.,)	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Compar	ıy ıs:
Principal Office Address: Mailing Address:	
Po Box 862 Po Box 862	
Lesing 11 50516 Lesing 1: 55016	
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: Ron Benneld Ron Bennel	=
Name Same	F 1 1
58 Sidne Circle	ين بن
Florida street address (P.O. Box NOT acceptable)	<u>ب</u> ب
Havana R 30333	2
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated lin liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relating to the proper and complete performance of my duties, and I am familiar with a	as of all

Recistored Acent's Signature (REQUIRED)

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 Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (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.)

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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