(Rec	questor's Name)	
(Ado	iress)	
(Add	lress)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	LC
	FECTIVE DATE 4-1-06	

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To whom it may concern:

Alvin Stewart Hall III 5131 Keeneland Circle Orlando, Florida 32819 407-579-0979

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	СТ:(Name of Limited	LLC Liability Company)	
The enc	losed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please n	eturn all corresp	ondence concerning this matte	r to the following:	
-	AU	IIN STEWAR	T HAU THE Name of Person)	-
-		(Firm/Company)	
_	51	31 Keenelan	<u>A Circle</u>	
			•	
_		Orlando, Fl	ORida 328 State and Zin Code)	19
		(O.I.)	Sum and stip Coulty	
For furt	her information	concerning this matter, please	call;	
_S	Lowart	HAU TO of Person)	at (<u>907</u>) <u>579</u> – (Area Code & Daytime To	0979
	(Name	or rerson)	(Area Code & Daytime 16	перионе Number)
Enclose	ed is a check fo	or 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	18

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	C d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5131 Keeneland Circle Oblando, Florida 32819	5131 Keeneland Cincle ORlando, Flocida 32819
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
ALVIN STZWAR Name	THAUTE
5131 Keeneland Florida street add	Crecle 72 72 72 72 72 72 72 72 72 72 72 72 72
Orlando City, State, a	FL 32819 nd Zip
Having been named as registered agent and to a	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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membo	Name and Address: er
MGR	ALVIA STEWART HALL TA 5131 Kreneland Circle Orlando, FT 32819
(Use attachment if necessary) LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	han the date of filing: <u>APRIL 1, 2006</u> . (OPTION must be specific and cannot be more than five business da
and and or manage,	
,	
REQUIRED SIGNATURE:	in Steward Have 117 member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a (In accordance of this docume	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury is stated herein are true.)

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)