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COVER LETTER

то:	Registration Se Division of Cor				
SUBJECT: Conch Out, LLC (Name of Limited Liability Company)					
The en	closed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	J. Bradley	/ Guarino-Sander			
		(1	Name of Person)		
	Attorney				
	(Firm/Company)				
10771 Isola Bella Court					
			(Address)		
Miromar Lakes, FL 33913					
		(City)	State and Zip Code)		
For fur	ther information	concerning this matter, please	call:		
J. B	radley Gua	rino-Sanders	at (502	299-67°	18
	(Name	of Person)	(Area Code d	& Daytime Te	lephone Number)
Enclos	sed is a check fo	r the following amount:			
√ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Copy (additional copy is	-	\$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	Registration Division of Clifton Bui 2661 Exect	f Corporation	ns ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Conch Out, LLC (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10771 Isola Bella Court Miromar Lakes, FL 33913	10771 Isola Bella Court Miromar Lakes, FL 33913
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. Adele E. Guarino-Sander Name 10771 Isola Bella Court	registered agent are:
Miromar Lakes, City, State, a	FL 33913
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Adele E. Guarino-Sanders
	10771 Isola Bella Court
	Miromar Lakes, FL 33913
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date muto or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Adele E. Gua	
	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)