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(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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W 3945

EFFECTIVE DATE
4-9-06

COVER LETTER

TO: Registration S Division of C			
SUBJECT:	imberly C. Her Name of Limite	Slev, LLC d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Kimberly C. Hes	Name of Person)	
}	imberly C. H	essler LLC (Firm/Company)	
18	1 Dragontly	Dyne- (Address)	
	Husville, Francis	32780 /State and Zip Code)	
	(0.1.)	route and Exp Code)	
For further information	concerning this matter, please	call;	
Kni	Hessler	at (321) 223	-7265 E
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check f	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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

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 Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
187 Dragonthy Drive Titusville, Fr. 32780	187 Dragnoth Drive Titus ville, Q 32780				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another				
The name and the Florida street address of the re	gistered agent are:				
Kimberly C. Name	Hersler				
187 Dragnetty Florida direct addr	ess (P.O. Box NOT acceptable)				
Thusvile, City, State, an	FL <u>32780</u> d 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

LF-G-OG

The name and address of each Manage	er or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Komborly C. Hessler 187 Dragnoly Drive THUSVILLE PC 32780	
(Use attachment if necessary)	A	
ARTICLE V: Effective date, if other than the di (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: <u>April 9, 2006</u> . (specific and cannot be more than five bu	OPTIONAL) siness days prior
REQUIRED SIGNATURE:	1. C. Hesselen	II. PH I: 16
(In accordance with section	on an authorized representative of a member. on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury rein are true.)	77:27 o n
Kimberly Type	C. Hessler d or printed name of signee	

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

Page 2 of 2

\$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)