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| - Name) | |
|---|-----|
| (Requestor's Name) | |
| (Address) | |
| (Address) | - |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies | |
| Special Instructions to Filing Officer: | |
| Ruc D | 115 |
| Office Use Only | |

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COVER LETTER

| Division of Co | | | | | | |
|---|---|---|---|--|--|--|
| _{SUBJECT:} Fuchs | LLC. | | | | | |
| (Name of Limited Liability Company) | | | | | | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filin | g. | | | |
| Please return all corresp | ondence concerning this matte | er to the following | j: | | | |
| Justin Fu | chs | | | | | |
| | (1 | Name of Person) | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| (Firm/Company) | | | | | | |
| 4455 SW 34th ST Apt PP221 | | | | | | |
| | | (Address) | | | | |
| Gainesville FL, 32608 (City/State and Zip Code) | | | | | | |
| | (City) | state and 2.1p Cour | ν / | | | |
| For further information | concerning this matter, please | call: | | | | |
| Justin Fuchs | at (727 | 776-740 | 01 | | | |
| (Name | | e & Daytime Te | elephone Number) | | | |
| Enclosed is a check for | or the following amount: | | | | | |
| \$125.00 Filing Fee | S130.00 Filing Face & Certificate of Status | \$155.00 F Certified Cop (additional copy | • | \$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 | Registrati Division Clifton B 2661 Exe | ourier Addression Section of Corporation Suilding ecutive Centersee, FL 32301 | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | y is: | | | |
|--|--|--|--|--|
| Fuchs LLC. | Limited Company" or their abbreviation "LLC," or "L.C.,") | | | |
| ARTICLE II - Address: | ne principal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 4455 SW 34th ST Apt PP221 | 4455 SW 34th ST Apt PP221 | | | |
| Gainesville, FL 32608 | Gainesville, FL 32608 | | | |
| | Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: | | | |
| Justin Fuchs | | | | |
| Name | | | | |
| 4455 SW 34th ST Apt PP221 | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Gainesville, FL 32608 FL | | | | |
| City, St | ate, and Zip | | | |
| <i>2</i> , <i>2</i> , <i>2</i> , <i>3</i> | d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as | | | |

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 SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Justin Fuchs 4455 SW 34th ST Apt PP221 Gainesville, FL 32608 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

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)

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SECRETARY OF STATE

APPROVED