(Re	equestor's Name)	
(Ád	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Se Division of Co			
			SEC.
SUBJECT: Edward	I, Allen & Dean, LLC		
	(Name of Limited	d Liability Company)	7-7 TAR) ASSE
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	PM E. F.
Please return all corresp	ondence concerning this matte	er to the following:	PM 1:54 OF STATE FLORIDA
Rudolph Br	right		
	O	Name of Person)	
R. Bright &	Associate, P.A.		
	(Firm/Company)	
934 N. Ma	gnolia Avenue Sui	ite 320	
		(Address)	
Orlando, F	FL 32803		
<u> </u>		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Rudolph Bright		at (407) 999-000)7
(Name	of Person)	(Area Code & Daytime 7	Celephone Number)
Enclosed is a check for	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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:			
Edward, Allen & Dean, LLC				
(Must end with the words "Limited Liability Company, "Limi	ited Company" or their abbreviation "LLC,	" ог "L.С.,")		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Li	ability Cor	npany	′ is:
Principal Office Address:	Mailing Address:			
319 Dover Street Orlando FL 32811	319 Dover Street Orlando FL 32811	<u> </u>		
			•	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)				
The name and the Florida street address of the	registered agent are:	SECR	06 AUG -7	-41
Ricky A. Reeves, Sr.		CRETAR)	<u>ن</u>	-
Name	9	\RY SSE		17
319 Dover Street		. □ O	PM 1:54	
Florida street ac	idress (P.O. Box NOT acceptable)	F STATE FLORIDA		
Orlando, FL 32811	FL	器	15	
City, State,	and Zip	D		
Having been named as registered agent and to				ited

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

Title: "MGR" = Manager "MGRM" = Managing Member Mgr Mgrm	Ricky A. Reeves, Sr. 319 Dover Street Orlando, FL 32811 Joseph E. Reeves, Sr. Po Box 34 Oakland, FL 34760 Freddie D. Hester, Sr. 603 Wall Street Eutls, FL 32726	RY OF STATE SEE, FLORIDA	7 PM 1:54	
Mgrm	319 Dover Street Orlando, FL 32811 Joseph E. Reeves, Sr. Po Box 34 Oakland, FL 34760 Freddie D. Hester, Sr. 603 Wall Street	ATE DRIDA	:54	
Mgrm	319 Dover Street Orlando, FL 32811 Joseph E. Reeves, Sr. Po Box 34 Oakland, FL 34760 Freddie D. Hester, Sr. 603 Wall Street		* -	
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	Po Box 34 Oakland, FL 34760 Freddie D. Hester, Sr. 603 Wall Street		- - -	
Mgrm	Freddie D. Hester, Sr. 603 Wall Street		 	
<u>Mgrm</u>	603 Wall Street		 	
				
	Eutls, FL 32726	"	_	
(Use attachment if necessary) LE V: Effective date, if other than the date fective date is listed, the date must be s		(OPTIC		
days after the date of filing.) REQUIRED SIGNATURE:				
<u> </u>				
Kuley A	. Keever Sr.			
Signature of a member of	or an authorized representative of a member	er.		
(In accordance with section	on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjuin			
Ricky A. Reeves, Sr.				
Туре	d 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)