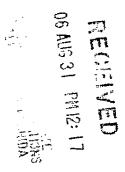
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Section vision of Corporatio	ns		
SUBJECT:	Time	Fo Agi	d Liability Company)	1
The enclose	d Articles of Organi	zation and fee(s) are	submitted for filing.	OF ALLAHA
Please retur	n all correspondence	concerning this matt	er to the following:	
	<u> </u>	Ron E	Benfield	P.S. P. T.
		via.	(Name of Person)	7, 2
				6 P C
			(Firm/Company)	+
	58	Sioux C	iecle	
	,	1	(Address)	
	Hav	ang A.	<i>32333</i>	
		/ (City	/State and Zip Code)	
For further i	information concern	ing this matter, please	call:	
	on Ben	field	at (850) 535	9-517/
·	(Name of Perso	n) ((Area Code & Daytime To	elephone Number)
Enclosed is	s a check for the fo	Howing amount:		
\$125.00	Filing Fee	30.00 Filing Fee & ficate 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)
	Regis Divis P.O.	ng Address tration Section ion of Corporations Box 6327	Street/Courier Address Registration Section Division of Corporatio Clifton Building	ns
	Talla	hassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address **Mailing Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: 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

<u>Title:</u> "MGR" = Man: "MGRM" = Ma	ager anaging Member	Name and Address:
MGRM MGRM	<u> </u>	Timoteo Aguilar SR 2015 W Jefferson St Lot 50 Duincy, H 30351
MGRM	 	Leonardo S. Palacios 2015 W. Jefferson St. Lot 50 Divincy, Pl. 32351
(Use attachmen	t if necessary)	
(Use attachmen LE V: Effective ffective date is li days after the o	e date, if other than the isted, the date must h	e date of filing: (OPTIONA be specific and cannot be more than five business day
LE V: Effective ffective date is li days after the o	e date, if other than the isted, the date must b late of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
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LE V: Effective fective date is li days after the c	e date, if other than the isted, the date must be late of filing.) IGNATURE: Signature of a member of this document constitute facts stated	per specific and cannot be more than five business day er or an authorized representative of a member. extiction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury