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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	ө)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJECT: Three Corners Investments, LLC					
		(Name of Limited	d Liability Con	npany)	
The en	closed Articles o	f Organization and fee(s) are so	abmitted for fil	ing.	
Please	return all corresp	ondence concerning this matte	r to the followi	ng:	
	Lance Ala	an Smith			
	<u> </u>	(1	Name of Person)		
	Three Co	rners Investments	s, LLC		
		(Firm/Company)		
	6144 Ab	bott Station Drive	e, Unit 1	01	
			(Address)		
	Zephyrhi	ills, Fl 33542			
		(City	State and Zip Co	ode)	
For fur	ther information	concerning this matter, please	call:		•
Lance A Smith at (813) 788-6257 (Name of Person) (Area Code & Daytime Telephone Number)		57			
		of Person)	(Area C	ode & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & opy opy 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	Registi Divisio Cliftor 2661 E	Courier Address ration Section on of Corporation Building Executive Center assee, FL 32301	ons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Three Corners Investments, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC	;," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited L	iability Comp	any is	
Principal Office Address:	Mailing Address:			
6144 Abbott Station Drive, Unit 101 Zephyrhills, FI 33542	6144 Abbott Station Drive, Unit 101 Zephyrhills, Fl 33542			
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 re	egistered agent are:	FACE O		
Lance Alan Smith		06 DEC SECKET	ener:	
Name		AN EC	il catas	
6426 Huntington Drive		JSSV JAKA 81		
Florida street add	ress (P.O. Box NOT acceptable)		្រឹង្ធ	
		F° ∨ 5	Chec	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lance Alan Smith 6426 Huntington Drive Dade City, FI 33542
MGRM	Dana Ward 11411 Grandview Drive Dade City, FI 33525
MGRM	James Bacon 8600 Fort King Road Zephyrhills, Fl 33541
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
(In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
Lance Alan Smith	yped 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)