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RPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
	ROAD LLC
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
✓ Walk in ✓ Pick up time Mail out ✓ Will wait	2.00 Certified Copy Description Photocopy Certificate of Status
EW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
FUL TREE ROAD LLC (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:
10250 SU 68 St Spne
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: Orgando Cordoves Name
10250 SW 68 ST Florida street address (P.O. Box NOT acceptable)
City, State, and 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.
allo k
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>l'itle:</u> 'MGR" = Manager	Name and Address:
MGRM" = Managing Member	O(1)
MGRM	Chelando Condoves
	Minni PC 33173
MGRM	Lisa Condoves
	10250 SW 685+
	Mion; PC 33/23
	`:
'.';	
Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: . (OPTION
. Directive date, it direct than the	e specific and cannot be more than five business d
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days after the date of filing.) REQUIRED SIGNATURE:	
days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member.
days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cortified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)