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SECRETARY OF STATE
AND AHASSEF FIORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee **★**\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address Mailing Address Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
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:
7317 FOREST HILL CT 7317 FOREST HILL CT WINTER PARK, FL-3279Z WINTER PARK, FL 3279Z
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: Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City, State, and Zip 5"
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 as statutes relating to the proper and complete performance of my duties, and I am jamiliar 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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	,	Name and Address:	
"MGR" = Manager			
"MGRM" = Managing	Member	*	
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	*	7317 FOREST HILL CT	,
		WINICK TOTAL	
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(Use attachment if nece	ssary)		
CLE V: Effective date, if	other than the	e date of filing: ARIL 1ST 2007. (OPTION	JAL)
or at last to the last to	onioi diani die		- ,

ARTIC (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)