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## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT	Name of Limited Liability Company)	
The enclos	d Articles of Organization and fee(s) are submitted for filing.	
Please retu	n all correspondence concerning this matter to the following:	
	Patsy Gruzman (Name of Person)	
	Jimenez UC (Firm/Company)	
	25488 NW JM Dillard Rel	
	Althor, Fl 32421 (City/State and Zip Code)	
For further	information concerning this matter, please call:	
Pa	154 Cruzman at (850) 557-5933 / 321-(Name of Person) (Area Code & Daytime Telephone Number)	0665
Enclosed	s a check for the following amount:	
\$125.00	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee, }\\ Certificate of Status & \text{Certified Copy (additional copy is enclosed)}\\ (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
25488NW 3MDillardRd 25488 NW JM Dillard Rd HITHOR, FI 30421 Althor, FI 32421
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:  Patsy Gruzman  Name  25488 NW JM D'llard Rd  Florida street address (P.O. Box NOT acceptable)  Althor, FL 32421  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
Registered Agent's Stenature (REQUIRED)  SECRE TARY OF TALLAH ASSEE. F

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	Patoy Cinzman 25488 NW JM Rillare)
MGRM	Folgar Jimenez 209 RENTZ ROAD # 43 QUINCY FL 32551
MGRM	ROGELIO CUZMAN POS RENTZ ROAD #43 QUINCY FL 32351
MGRM	Venancia luna CALVO 200 RENTZ RO. #43 POLINCY FL 32531
	an the date of filing: (OPTIONAL
CLE V: Effective date, if other that effective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
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CLE V: Effective date, if other that effective date is listed, the date model days after the date of filing.)  REQUIRED SIGNATURE:  Gignature of a recordance won of this documen	member of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)  Typed or printed name of signee
CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Gland Signature of a recordance with the facts of this document that the facts of the days after the date of the facts of the days after the date of filing.)	member of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)  Typed or printed name of signee

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