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### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 6RE6004 SONCE 11 FROTH LL.C. (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
GREGORY DONCY ELUTAS (Name of Person)			
CREGory JONELL FOURN Plastoway 21	ζ,		
3737 woodhill drive			
(Address)			
Tq Uancosa FR 3230) (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CONNIE MAC FLUEN at (850) 5752475  (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee  Certificate of Status  □\$155.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (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:

## 

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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	ل_ل
MGV	3737 Wood hilldome chywell
MERM	Benton Pace 1434 Abbeywood Fave THELANESSE HE 32503
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days )
REQUIRED SIGNATURE:	O7 A SECI
Dryx?	yould Em En F
Signature of a men	ther or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury and herein are true.)
Gregor	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)