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| (Re                     | questor's Name)   |      |
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| (Cit                    | ry/State/Zip/Phon | e #) |
| PICK-UP                 | ☐ WAIT            | MAIL |
| (Bu                     | siness Entity Nar | me)  |
| (Do                     | cument Number     | )    |
| Certified Copies        |                   |      |
| Special Instructions to | Filing Officer:   |      |
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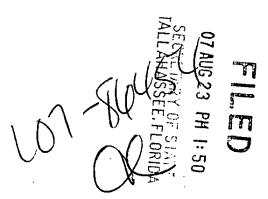
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## **COVER LETTER**

|      | TO: Registration Section Division of Corporations   |   |
|------|---|---|
|      | SUBJECT:  |   |
|      | (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:   |   |
| ٠    | Enc C Swain (Name of Person)  | ·   |
|      |   | *   |
|      | (Firm/Company)  |   |
|      | 104 EldoRAdo DK PCRRY FL  | 32342   |
|      | (Address)   |   |
|      | fCKky FL 32342<br>(City/State and Zip Code)   |   |
|      | (City/State and Zip Code)   |   |
|      | For further information concerning this matter, please call:  |   |
| CEII | 11<br>80-122-91-0 00-020020   |   |
|      | (Name of Person) at ()  (Area Code & Daytime Tele   | phone Number)   |
|      | England's a short fourth for the College's account  |   |
|      | Enclosed is a check for the following amount:   |   |
|      | □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$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 CTallahassee, FL 32301 | AUG 23 F<br>RETARY C<br>AHASSEE   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |
|--|
| The name of the Limited Liability Company is:  |
| (Myst end with the words "Vimited Liability Company, "L.L.C.," or "LLC.")  |
| (Myst 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:   |
| 104 Eldokado, DR SAME<br>PERKY, FC 32347   |
| 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:   |
| ERIC C SWAIN Name  |
|  |
| 104 ElboRAdo, DR PCRRy FZ 3234) Florida street address (P.D. Box NOT acceptable)   |
| City, State, and Zip   |
| Having been named as registered agent and to accept service of process for the above stated limite 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)  |

Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Manager  | Name and Address:  |  |
|--|--|--|
| MGRM   | ENC C SU<br>104 EIJORAJO<br>PERRY, FR  | 72.0R<br>32347                           |
|  |  |  |
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| 1  |  |  |
| (Usa attachment if   |  |  |
| (Use attachment if   | • •  |  |
| LE V: Effective da   | te, if other than the date of filing:ed, the date must be specific and cannot be need to date of filing.)  | (OPTIONA<br>nore than five busine        |
| LE V: Effective da effective date is list or 90 days after the REQUIRED SIGN   | te, if other than the date of filing:ed, the date must be specific and cannot be need to date of filing.)  | nore than five busine                    |
| LE V: Effective da  effective date is list  or 90 days after th  REQUIRED SIGN | te, if other than the date of filing:  ed, the date must be specific and cannot be not edate of filing.)  IATURE:  Sum  ghature of a member or an authorized representative of a maccordance with section 608.408(3), Florida Statutes, the films document constitutes an affirmation under the penaltic that the facts stated herein are true.) | of a member. e execution ties of perjury |
| LE V: Effective da effective date is list or 90 days after th REQUIRED SIGN    | te, if other than the date of filing:  ed, the date must be specific and cannot be not edate of filing.)  IATURE:  Sum  ghature of a member or an authorized representative on accordance with section 608.408(3), Florida Statutes, the filing document constitutes an affirmation under the penalty  | of a member. e execution cies of perjury |