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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: D.I.Y. I	FOR LE\$\$, LLC			
		d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
Nancy T. S				
	. (Name of Person)		
D.I.Y. FOR	LE\$\$, LLC			
	(Firm/Company)		
1280 Buc	keye Rd., N.E.			
		(Address)		
Winter Ha	ven, FL 33881			
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Nancy T. Sander	rs ·	at (941) 408-552	0	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:		SECRETARE ALLAHASS	a meric
	•		SAH SAH	CHECKER
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Staffs & Certificate Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.I.Y. FOR LE\$\$, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1280 Buckeye Rd. N.E.	PO Box 9545
Winter Haven, FL 33881	Winter Haven, FL 33883
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Nancy T. Sanders	ered Agent. You must designate an individual or another
Name	
4000 Busham Bd N.E.	
1280 Buckeye Rd. N.E.	ress (P.O. Box NOT acceptable)
Winter Haven,	FL 33881 AS 28
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	cocept service of process for the above stated limited his certificate, I hereby accept the appointment of I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F
Registered Agent's Signati	UP (REQUIRED)
iveRipieren vigent a pikinan	ile (KEQUIKED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ger naging Member	Name and Address:	
MGR		Nancy T. Sanders	
		1280 Buckeye Rd. N.E.	
		Winter Haven, FL 33881	
			
LE V: Effective	date, if other than the	date of filing:	(OPTION
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