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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LISA CIARK (Name of Person)	
(Name of Person)	
LISA CLARK CLEAVING	
LISA CLARK CLEAVING (Firm/Company)	
173 WALNUT CREST RUN	
(Address)	_
(Address) SANFORD, Fl. 32771 (City/State and Zip Code) For further information concerning this matter, please call:	
(City/State and Zip Code)	
Programme and the second secon	
For further information concerning this matter, please call:	
(Name of Person) (Area Code & Daytime Telephone Number)	
(Mana Statistic)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\$S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\$}\t	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Los ficilies i montanti

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	CI	Æ	I	_	Name:	
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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:
173 WALNT CREST RUN SANFURO, FL. 32771	173 WA/ANT CACT Run SANFORD, F.L. 32771
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	tered Agent. You must designate an individual or another.
13RYAN C	
173 Walnut G	iress (P.O. Box NOT acceptable)
SAUFOLO	ET 2227/

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.

City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	173 WALAUT CREST RUM
MG-RM	BRYAN CLARA 193 WALNE CARST Run. SANFORD FL. 32771
 	OR FEB 28
(Use attachment if necessary)	E CONTROL OF THE CONT
	he date of filing: (OPTIONAL) to be specific and cannot be more than five business days proof
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)