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(Re	equestor's Name)			
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COVER LETTER

TO:

Registration Section

Division of Corp	porations			
SUBJECT: Fic	s+ Response (Name of Limited	PLUS LLC Liability Company)		
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
Rich	ard n. Mar	Hindlame of Person)		
Fin				
/(168 Kingdo			•
Tal	lahassee, FC	32311 State and Zip Code)	TALL SEC	45
	oncerning this matter, please c	, ,	UN 23	
Rith owd / (Name o	1. Martm of Person)	at (\$50) 459 - (Area Code & Daytime Tel	ephone Number) RAP 52	•
Enclosed is a check for	the following amount:		>	
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Corl Loye 524 Kensington Lake Circle Brown Lan, FL 33511	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Richard N Name	· Morton
	Vess (P.O. Box NOT acceptable)
(Ol/ANASSER) City, State, a	

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)

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	Richard Mortin 1068 Kmgdom Dr Tallahossee, FL 32311
MGRM	Carl Love 524 Kensington Lake (ivile Brandon, FL 3351/
MURM	Darrin Johnson 240 23326 Portage Way Apt # 24006 Novi, MI 48375
MGRM	Alonzo Simmons, JR. 2201 UEKER Dr APHIS Lewisville, TX 75067
(Use attachment if necessary)	
	te of filing: (OPTIONAL) e specific and cannot be more than five business days
(In accordance with section	an authorized representative of a member SECON REPORT OF SEA AND SECOND REPORT OF S
Filing Page	

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)