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D. BRUCE
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EXAMINER

COVER LETTER

TO:	Registration So Division of Co							
SUBJ	ECT: Ann M.	Young LLC						
		(Name of Limit	ed Lia	bility Compa	ny)			
The e	nclosed Articles of	Organization and fee(s) are	submi	ited for filing				
Please	return all correspo	ondence concerning this mat	ter to t	he following	;			
	Ann M. Yo	ung						
	***		(Name	of Person)				_
	Ann M. Yo	oung LLC						
			(Firm/	(Company)				_
	1553 SW I	Balmoral Trace				-4.0	0_	_
			(A	ddress)	-	11.E.O.E.	-8 -	
	Stuart, FL	34997					020	7
		(Cit	y/State	and Zip Code)	発電	7	[[
For fu	rther information of	concerning this matter, please	e call:			- 150 - 150 - 150	PH 12: 4	C
A	NA Wasana			770	704 0004	S A	(L)	
Ann	M. Young	of Person)	_ at (_	(Area Cod	781-0001 & Daytime Telephone Nu	ımber)	-	
,	•	,		,				
Enclo	sed is a check fo	r the following amount:						
□\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(155,00 Filin Certified Cop additional cop	by Certific Certific Certific	O Filing I cate of St led Copy mal copy is	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrati Division Clifton B 2661 Ext	ourier Address on Section of Corporations uilding cutive Center Circle see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ann M. Young LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1553 SW Balmoral Trace	1553 SW Balmoral Trace
Stuart, FL 34997	Stuart; FL 34997

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)
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Ann M. Young 1553 SW Balmoral Trace Stuart, FL 34997 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Ann M. Young 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)