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COVER LETTER

Registration S Division of C					
CT:	Thu	ınder	Bay Rar	ich	
	Name of Limit	ed Liabi	lity Company	7	
closed Articles of	of Organization and fee(s) are	submitte	ed for filing.		
eturn all corres	pondence concerning this mat	ter to the	following:		
		Name o	Person		
	Thu				
		Firm/Co	ompany		
	26355	N Sta	te Road 12	21	
		Add	ress		
	Alach	ua, Fl	orida 3261	5	
	Cit	y/State a	nd Zip Code		
	LisaJohr	nson35	2@Yahoo	o.com	n)
her information					,
Lisa	a Johnson	_ at (386)_		462-1232
Name	of Person		Area Code &	Daytime '	Telephone Number
ed is a check f	or the following amount:				
00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified Copy		\$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		Registration Division of	Section Corporat ding	ions
	Division of Co	Division of Corporations CCT: The Name of Limit Closed Articles of Organization and fee(s) are return all correspondence concerning this mater. Thu 26355 Alach Cit LisaJohr E-mail address: (to be used ther information concerning this matter, please ther information concerning the matter, please there information concerning the matter, please there information concerning the matter, please there information concerning the matter, please the concerning the matter, please there information concerning the matter, please there is a check for the following amount: Of Filing Fee \$\infty\$ \$130.00 Filing Fee & Certificate of Status Mailing Address Registration Section Division of Corporations	Thunder Name of Limited Liabi Core Name of Limited Liabi Colosed Articles of Organization and fee(s) are submitted return all correspondence concerning this matter to the Lisa Johnson Thunder B Firm/Co 26355 N State Add Alachua, Fle City/State as LisaJohnson35 E-mail address: (to be used for future their information concerning this matter, please call: Lisa Johnson Name of Person ed is a check for the following amount: Of Filing Fee \$130.00 Filing Fee \$ \$15 Certificate of Status Mailing Address Registration Section Division of Corporations	Thunder Bay Rar Name of Limited Liability Company closed Articles of Organization and fee(s) are submitted for filing. Teturn all correspondence concerning this matter to the following: Lisa Johnson Name of Person Thunder Bay Ranch Firm/Company 26355 N State Road 12 Address Alachua, Florida 3261 City/State and Zip Code Lisa Johnson 352@Yahoo E-mail address: (to be used for future annual report ther information concerning this matter, please call: Lisa Johnson at (386) Area Code & Certificate of Status Mailing Address Registration Section Division of Corporations Street/Cour Registration Division of Corporations	Thunder Bay Ranch Name of Limited Liability Company closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Lisa Johnson Name of Person Thunder Bay Ranch Firm/Company 26355 N State Road 121 Address Alachua, Florida 32615 City/State and Zip Code LisaJohnson352@Yahoo.com E-mail address: (to be used for future annual report notification ther information concerning this matter, please call: Lisa Johnson Name of Person Area Code & Daytime ed is a check for the following amount: 00 Filing Fee \$130.00 Filing Fee & Certificate of Status Mailing Address Registration Section Division of Corporations Street/Courier Addin Registration Section Division of Corporations Street/Courier Addin Registration Section Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e: nited Liability Company is:				
The name of the Emi	ntod Eldomity Company is.				
	Thunder Bay Ra	anch, LLC			
(Must		ity Company," "L.L.C.," or "LLC.")			
ARTICLE II - Add	ress:				
The mailing address	and street address of the pr	incipal office of the Limited Liability	y Comp	any	is:
Principal Office Address:		Mailing Address:			
26355 N State Roa Alachua, Florida 32		Same as Principal			
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own Regist live Florida registration.)	Office, & Registered Agent's Sign tered Agent. You must designate an individual or	AH	S	W*
The name and the Fl	orida street address of the r	egistered agent are:	ASS ASS	7	1
Lisa Johnson		nson	ביין היק		m
Name			25	=	Ö
	26355 N State	e Road 121	SET	AH II: 33	
_	Florida street address (P.O.	Box NOT acceptable)	⊅ m	w	
	Alachua, Florida 32615	FL			
-	City, State, a	nd Zip			

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:

<u>Title:</u> "MGR" = Manag	Name and Address:				
"MGRM" = Man					
MGR	MGR Lisa Johnson				
26355 N State Road 121				_	
		Alachua, Florida 32615		_	
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	minteres.			- -	
(Use attachment i	f necessary)		 	_	
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ARTICLE V: Effective d	late, if other than the da	· · · · · · · · · · · · · · · · · · ·	OPTIC		,
to or 90 days after the da		specific and cannot be more than five bu	isiness	days	prior
REQUIRED SIG	TNATHDE.		Z ÿ.	9	
<u>REQUIRED</u> SIG	MATURE:	7 ,	Z A A	VON 60	-17
	- Xo. 6/	al	D.	<u> </u>	
	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.)			OF STA	AM 11: 3	
Lisa Johnson			DATE	లప	
Filing Forgs	Туре	d or printed name of signee			
Filing Fees:					
\$125.00 Filing F	ee for Articles of Organiz	zation and Designation			

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