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EXAMINER

COVER LETTER		
то:	Registration Section Division of Corporations	EFFECTIVE DATE 7/16/201
SUBJE		USSEN LLC ed Liability Company
The end	closed Articles of Organization and fee(s) are	submitted for filing.
Please r	Rebecca The Altamonte Spring City Thenegation E-mail address: (to be used for the second to be used to be used to be used for the second to be used for the second to be used to be used for the second to be used	submitted for filing. See to the following: See See See See See See See See See Se
For furt	her information concerning this matter, please	e call:
Re	becca Thyssen Name of Person	at (407) 963-9668 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
12 \$125.0	00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:			
Grand Coquina	Rebecca Thyssen			
3333 S. A+lantic Ave #2103	344 Pinestrand Car.			
Daytona Beach Shores Pl.	Altamonde Spring, KI-32714			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another			
On the party of the con-	•			

The name and the Florida street address of the registered agent are:

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..

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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.) Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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