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(Requestor's Name)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	3 C Real (Name of Limited	E & + A + e I Liability Company)	4 Mo	rtgAges) [L
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DUAN A	Name of Person)	5	20 8 SE	
	ABC Rep	Firm/Company)	Q Moi		民间
1939	S E Fern	(Address)		PM 2: 51 OF STATE E. FLORID.	U
	KelAnd F	State and Zip Code)	0-1		
DUAN	oncerning this matter, please of Person)	at (<u>863</u>) 2 (Area Code & Days	55-6 ime Telephone Nun	 -	
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing For Certified Copy (additional copy is enclosed)	Certifica ed) Certified	0.00 Filing Fee, te of Status & d Copy copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle		

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
1938 E Forn Ad	1938 E Fein	Rd_
LAKELAND, FL 33801	LAKE LAND, FL	33801
LAKE And City, State, as	egistered agent are:	val or another 2010 SEP 30 PM 2: 51 SEGRETARY OF STATE TALLAHASSEE.FLORIDA
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept the ity. I further agree to comply with e performance of my duties, and I	e appointment as h the provisions of I am familiar with

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

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)