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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Phillip Picon 50, LLC Name of Person
	20101 ALL
	Firm/Company HALL OV
	5404 Birdoong LN.
••••	Boxella, FL 33922 City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (
,	ed is a check for the following amount:
\$125.0 0	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \t
·	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	:
Principal Office Address: Mailing Address:	
5404 Birdsong LN 59Me Bokellia, FL 33922	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual equanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Philip Picoso Name Philip Picoso Phil	
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 as 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)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Phillip Picanso 5404 Birdsong LN BOKER 10 FL 33922
	ZOIO NOV -
	SEF LORID
(Use attachment if necessary)	
	te date of filing: (OPTIONA be specific and cannot be more than five business day.
REQUIRED SIGNATURE:	ber of an authorized representative of a member.
	08.408(3), Florida Statutes, the execution of this document

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

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)