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Effective Date 1-1-20/1

10 NOV -5 PH 12: 56

COVER LETTER

TO :	Registration Sec Division of Corp						
SUBJ	ECT: Banther L	LC					
		Name of Limite	ed Liability	Company			
The e	nclosed Articles of (Organization and fee(s) are	submitted f	or filing.			
Please	return all correspon	ndence concerning this matt	er to the fo	llowing:			
	David Banther		Name of Pe	erson			
	Banther LLC						
			Firm/Com	pany		_	
	PO Box 2491				<u>.</u>		<u> </u>
			Addres	S			
	Tarpon Springs						
	dayidhaathar@		y/State and 2	Zip Code			
	davidbanther@	E-mail address: (to be used t	for future an	nual report notification	n)		
For fi	irther information co	oncerning this matter, please	e call:				
Davi	d Banther		_at (727	204-76	98		
	Name of	Person	A	rea Code & Daytime	Telephone Nu	mber	
Encl	osed is a check for	the following amount:					
\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & Ted Copy onal copy is enclosed	Certif Certif	00 Filing Fedicate of Statu ied Copy onal copy is enc	s & losed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R D C 2	treet/Courier Add legistration Section Division of Corpora Clifton Building 661 Executive Cen Callahassee, FL 323	tions ter Circle	SEURCIARY OF STATE ALLAHASSEE, FLORID	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
Banther LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
26 West Orange Street Tarpon Springs, FL 34689	PO Box 2491 Tarpon Springs, FL 346	88
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
David Banther		
Name	2	
26 West Orange Street		
	ldress (P.O. Box NOT acceptable)	
Tarpon Springs	FL34689 state, and Zip	
City, S	nate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accepty. I further agree to comply verformance of my duties, and	ot the appointment as with the provisions of all I am familiar with and in Chapter 608, F.S.
Registered Agent's Signa	nature (REQUIRED)	10 NOV -5 F SECREMARY O
(CONTIN	,	ED PM 12: 57 OF STATE
Page 1 of	.	D -

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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	David Banther 26 West Orange Street Tarpon Springs, FL 34689
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(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing: 01/01/2011 . (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: 01/01/2011 . (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: 01/01/2011 . (OPTIONA oe specific and cannot be more than five business day of the specific and cannot be more than five business day er or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information constitutes a third degree felong days days after the date of filing.)	R.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of States by as provided for in s.817.155, F.S.)
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