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COVER LETTER

LLC

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited	Liability Company,
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Jeffrey 5.	ame of Person
F	irm/Company
19827 Andy	Address Trail
1A/loh-5300, 1	7, 3236
JeffAckey 66	State and Zip Code (6) (a) (b) (c) (d) (d) (d)
For further information concerning this matter, please c	all:
Jeffre Achey Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int_\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 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.")	<u>'></u>	<u>L</u>	<u>_</u> (
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabi	lity Co	mpany	vis:
Principal Office Address: 19827 And Collet Tr. Sinc. 723/0			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: Street Street Street			
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the accepts the designated agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am for accept the obligations of my position as registered agent as provided for in Chaptan.	appointn e provis amiliar	nent a. sions o with a	s of all nd
Registered gent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	SECRETARIA DE S	11 28 16 里西	
	*	<u></u>	* .

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

H Huhly

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)

A IS PROPERTY.