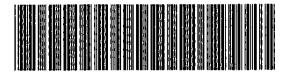
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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D. BRUCE

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: LONDON ACQUISITIONS LLC.			
	Name of Limited Liability Company			
	aclosed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	TROY L. REYNOLDS JR.			
	Name of Person			
	Firm/Company			
	PO BOX 2235			
	Address	AFC L	===	
	CTUART ELORIDA 24005 2005	AHA	<u> </u>	_
	STUART, FLORIDA 34995-2235 City/State and Zip Code	SSE	- 0	-
	NEVADA4ME@ COMCAST.NET	E P	玉	. [
-	E-mail address: (to be used for future annual report notification)	108	=	्र
For fur	ther information concerning this matter, please call:	ATE RIBA	ଦ୍ଧ	
TRO	OY L. REYNOLDS JR. at (772) 528-1362			
	Name of Person Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
\$125.00	Filing Fee \$\sum_{\$130.00}\$ Filing Fee & \$\sum_{\$155.00}\$ Filing Fee & \$\sum_{\$160.00}\$ Filing Fee & Certificate of Status (additional copy is enclosed) Certified C (additional co	of Statu: opy	& &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RTI	CI	Ĥ.	I _	Na	me:

The name of the Limited Liability Company is:

LONDON ACQUISITIONS LLC.

(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 Add	ress:	Mailing Address:			
905 NW TREASURE F	ROAD	PO BOX 2235			
STUART, FLORIDA 3	4994	STUART, FLORIDA 34	995-2235		
(The Limited Liability Compa business entity with an activ	any cannot serve as its own Regis	I Office, & Registered A tered Agent. You must designate a registered agent are:	en individual or another? AHA HASS	11 001 28	一二
	TROY L. REYNOLDS	S JR.	E 0 F		m
	Name		r- (2)	=	0
	905 N.W. TREA	ASURE ROAD	TATE ORIBA	en en	_
	Florida street add	iress (P.O. Box NOT acceptab	le)		

STUART FL 34994

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/01/12

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	TROY L. REYNOLDS JR. PO BOX 2235 STUART , FLORIDA 34995-2235
(Use attachment if necessary)	
ARTICLE V: Effective date, if other t (If an effective date is listed, the date to or 90 days after the date of filing.)	han the date of filing: 01/01/2012 (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Lie	y & Reynold of MGRM
(In accordance with sec constitutes an affirmati I am aware that any fal	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true in se information submitted in a document to the Department of State in the facts as provided for in s.817.155, F.S.)
TROY	L. REYNOLDS JR.
	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)