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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration : Division of Co			
_{subject:} Payne	e Law, LLC.		
SOURCE.		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
Tahirah I	R. Winters		
-		Name of Person	-
Payne La	aw, LLC.		
		Firm/Company	
2232 Roa	anoke Springs Dri	ve	
		Address	
Ruskin, FL			
		y/State and Zip Code	
TAHIRAHP	AYNELAW.COM	for future annual report notification)	
For further information	concerning this matter, please	e call:	
TAHIRAH R. W	inters	at (813) 562-0298	
	of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	Æ	Į.	- Na	me:
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The name of the Limited Liability Company is:

PAYNE LAW, 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 Address:	<u>Mailing Address:</u>
2232 ROANOKE SPRINGS DRIVE RUSKIN, FL 33570	2232 ROANOKE SPRINGS DRIVE RUSKIN, FL 3370

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DAWN HINDES	
Na	ame
4423 Yans Cou	art
Florida stree	t address (P.O. Box NOT acceptable)
Wesley Chapel	_{FL} 33543
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

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

2232		WINTERS KE SPRIN	S NGS DRIVE		<u> </u>
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