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COVER LETTER

TO:	Registration Section Division of Corporations			·
SURIE	CCT: Strikethrough F	Review, I	LLC	
ос во г			d Liability Company	
The end	closed Articles of Organization a	nd fee(s) are s	ubmitted for filing.	
Please	return all correspondence concern	ning this matte	er to the following:	
	Kyle A. Braselton			
•	A DIGGORDI		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Strikethrough Revi	ew. LLC	,	
•			Firm/Company	
	1317 Pinegrove Co	urt		
•			Address	
<u>.</u>	Jacksonville, FL 3220)5		
		-	/State and Zip Code	
_	kylebraselton@yahoo.c E-mail address		r future annual report notification)	
For furt	her information concerning this i		·	
Kyle	Braselton		at (904) 239-2070	
	Name of Person		Area Code & Daytime Te	lephone Number
Enclose	ed is a check for the following	amount:		
\$125.00	Filing Fee \$130.00 Filir Certificate of		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Strikethrough Review, 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:	Mailing Address:	
Kyle Braselton	Kyle Braselton	
1317 Pinegrove Court	1317 Pinegrove Court	
Jacksonville, FL 32205	Jacksonville, FL 32205	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kyle Braselton	Registered Agent. You must designate an individ	_
N	Name	
1317 Pinegrov	re Court	PHIZ: 44
Florida stree	et address (P.O. Box NOT acceptable)	
Jacksonville,	_{FL} 32205	

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.

City, State, and Zip

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:

"MGRM" = Managing Me	
MGR	Kyle A. Braselton
	1317 Pinegrove Court Jacksonville, FL 32205
	Jacksonville, FL 32205
- nga gangana - daga anga	
	
	
(Use attachment if necessa	ry)
	ner than the date of filing: 5 June 2012 . (OPTIONAl ate must be specific and cannot be more than five business days
fective date is listed, the d	ate must be specific and cannot be more than five business da

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.)

Kyle Braselton

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)