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COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJECT: 704 Monticello LLC					
Name of Limited Liability Company					
The en	closed Articles	of Organization and fee(s) are s	submitted for filing.		
Please	return all corres	pondence concerning this matt	er to the following:		
	Andrea M	M. Jones			
			Name of Person		
	Firm/Company				
	705 Bivir	ns Ave.			
	Address				
	Tallahasse	ee, FL 32303			
			y/State and Zip Code		
amjones.harkness@gmail.com E-mail address: (to be used for future annual report notification)					
For fu	ther information	concerning this matter, please	e call:		
Cathi C. Wilkinson			at (850) 668-4130		
	Name	of Person	Area Code & Daytime Telephone Number		
Enclo	sed is a check f	or the following amount:	•		
	-	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle		

ARTICLES OF ORGANIZATION OF 704 MONTICELLO LLC

FILED 12 AUG 31 AM 10: 33

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes (The Plorida Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following:

ARTICLE I NAME

The name of the limited liability company is 704 MONTICELLO LLC (hereinafter referred to as the "Company").

ARTICLE II PERIOD OF DURATION

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

ARTICLE III PURPOSE

The business of the Company shall be:

- (a) To invest in real estate and engage in the rental thereof, as well as any and all other lawful business activities whatsoever or which shall at any time appear conducive to or expedient for the business of the Company;
- (b) To exercise all other powers necessary to or reasonably connected with the Company's business which may be legally exercised by limited liability companies under the Florida Limited Liability Company Act;
 - (c) To engage in all activities necessary, customary, convenient, or incident to any

of the foregoing.

2012.

ARTICLE IV PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company in Florida is 705 Bivins Avenue, Tallahassee, FL 32303. Such address may be changed from time to time as provided in the Operating Agreement.

ARTICLE V REGISTERED OFFICE AND AGENT

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

Andrea M. Jones 705 Bivins Ave. Tallahassee, FL 32303

Having been named as registered agent and as the person to accept service of process for the above named limited liability company at the place designated in these Articles, 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, Florida Statutes.

ARTICLE VI EFFECTIVE TIME

These Articles shall be effective when filed with the Florida Department of State.

Executed by Andrea M. Jones, sole Member of the Company, on the 30th day of August,

ANDREAM. JONES, Member

STATE OF FLORIDA,

COUNTY OF LEON.

NOTARY PUBLIC - STATE OF FLORIDA

CATHI C. WILKINSON
Commission # EE 011504
Expires October 11, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

Print, Type or Stamp Name of Notary Public

12 AUG 31 AM ID: 33