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COVER LETTER

	on Section Corporations	χ.γ	
SUBJECT:	3472 D	ede (b) L.	C.
The enclosed Article	es of Organization and fee(s) are su	abmitted for filing.	
Please return all corr	espondence concerning this matter	r to the following:	•
	Sharon St	rickland Name of Person	
	3472 I)epew L.L.	۰, اب
Moreover	164 Ros	selle Court	
	Sharon @ D	lotte, FL State and Zip Code extormance	<u>33952.</u> bldvs. com
Sharon	on concerning this matter, please of	future annual report notification) call: 678 - 776 - 31 at (<u>678</u>) <u>473 -</u> Area Code & Daytime Telep	668 or (cell) 0166 (work) hone Number
	for the following amount: \$\sum{130.00}\$ Filing Fee & Certificate of Status	\$155,00 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 Ci 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.")		-	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	.iability (Company i	s:
Principal Office Address: 164 Roselle Court Port Charlotte,	FL	_33950 -	7
ARTICLE III - Registered Agent, Registered Office, & Registered Agent The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indi business entity with an active Florida registration.)	vidual or and	ure: other	
The name and the Florida street address of the registered agent are: Shaven Strick land 3472 Depew L.L.C.	LLAHASSEE	FILE	
Florida street address (P.O. Box NOT acceptable) Port Char (JFC, FL 3399)		A. 10: 51	
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)

<u>Title:</u> "MGR" = Manager	Name and Address:				
"MGRM" = Managing Member MGRM MGRM MGRM	Shavon Strickland 164 Roselle Court -Port Charlotte, FL 33952 Mark Strickland Dist Roselle Court Dort Charlotte FL 33952				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 9.1.2012. (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior					
o or 90 days after the date of filing.)	r specific and cannot be more than five business days prior				
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.) Typed or printed name of signee					
Filing Fees:					

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)