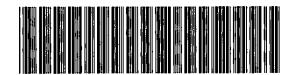
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					
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STECHVE DATE



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Deborah Harrington Johnson, LLC. Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Deborah Johnson Name of Person				
Deborah Harrington Johnson L.L.C.				
14822 Sterling Oaks Dr.				
Naples, FL 3410 City/State and Zip Code				
Leborahichnson naple agmm. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Deb6rot at (239) 288.6940 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}				
Mailing Address Registration Section Registration Section				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Debouch Harrington Johnson L.C.
(Must end with the words "Limited Liabilly 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:
14822 Sterling Oaks Dr
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:
A hard Shrisin
Name Name
Florida street address (PD. Box NOT acceptable) Nacols, FL 34110
Florida street address (P). Box NOT acceptable)
Nagles, FL 34110
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 Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

The name and	d address of each Manager o	r Managing Member is as follows:	
<u>Title:</u> "MGR" = Ma "MGRM" = N	nager Managing Member	Name and Address:	
MGRN	<u> </u>	Debonal Johnson 14922 Sterling Calls Dr North, FT 34110	
			
ARTICLE V: Effects		of filing: 101412 . (OPTIO ecific and cannot be more than five business of	,
REQUIRED	SIGNATURE: Signature of a member of	an authorized representative of a member.	12 OCT 17 MIO: 28
con I a	accordance with section 608.4080 nstitutes an affirmation under the m aware that any false information institutes a third degree felony as p	β), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State	HIO: 28

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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