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SECRETARY OF STATE
ALLAHASSEE, FLORIB

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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Name of Limite	ed Liability Company	12
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
	harles fi	Name of Verson	
8.	0. Box 45	Firm/Company	
Ta	_/ / //	Address 323/5  y/State and Zip Code	-4321
For further information		for future annual report notification)	<u> </u>
Na	ne of Person	_ at () Area Code & Daytime Telep	phone Number
Enclosed is a check	c for the following amount:		
<b>⊈</b> \$125.00 Filing Fe	e \$\square\$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 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 C Tallahassee, FL 32301	_ c

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Company Let Homer ter //
Compactification with the second
(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:
The manning address and shoot address of the principal office of the Billion Bullion principally is:
Principal Office Address: / Mailing Address:
COMMUNITY MORESITES, LL COMMUNITY MOHESITES LL
120 Kyron Street LOWAY 4321
(airo, GA) 59868 Jallahossee [ ] 323/6-14
112 - 313-7
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:
Langer Harvey
Name / O
and English /
1025 Porest Wen (our
Florida street address (P.O. Box NOT acceptable)
allahossee FL 32303
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 registrated as provided for in Chapter 608, F.S.,
Registered Agent's Gignature (REOLIEPED)
Ass
(CONTINUED)
Page 1 of 2
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	Charles Harry 17045, Forest Stein 3	- (ois 230
	<u> </u>	
		_
		<del>_</del>
	•	<del></del>
<del></del>		<del></del>
(Use attachment if necessary)  CLE V: Effective date, if other than the	date of filing: $\frac{12}{5}/\frac{12}{2}$ . (OPTI	ONAL)
CLE V: Effective date, if other than the	date of filing: /2/5//2. (OPTI be specific and cannot be more than five but	
CLE V: Effective date, if other than the effective date is listed, the date must	· · · · · · · · · · · · · · · · · · ·	
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·	
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