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COVER LETTER

TO: Registration Division of C			
Elled	dge Holdings,	LLC	
SUBJECT:		ed Liability Company	
The england Amisles	. 6 Oii 6 (-)	anhaning d Con City	
	of Organization and fee(s) are	-	
	pondence concerning this matt	er to the following:	
Josh E	lledge		
-		Name of Person	
Elledge	Holdings, LL	С	
		Firm/Company	
2616 W	/embleycross	Way	
		Address	
Orland	o, FL 32828		
· · · -		y/State and Zip Code	
josh@sa	avingsangel.cor		
Fan Combon in Compain		for future annual report notification)	
	concerning this matter, please		
Josh Elled	ge	_ _{at} (407) 770-96	522
Name	of Person	Area Code & Daytime Telep	
Enclosed is a check to	For the following amount:		
□\$125.00 Filing Fee	■\$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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OR FLORIDA LIVITED LIABILITY COMPANI
ARTICLE 1 - Name: The name of the Limited Liability Comp	pany is:
The hand of the Billion Blacking Comp	
Elledge Holdings, LLC	·
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2616 Wembleycross Way	2616 Wembleycross Way
Orlando, FL	Orlando, FL
32828	32828
The name and the Florida street address Josh Elledge	of the registered agent are:
•	Name
2616 Wembleycross	Way
Florida	street address (P.O. Box <u>NOT</u> acceptable)
Orlando, FL, 3282	FL
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	\sim 1
γ	
(0	ONTINUED)

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:

"MGR" = N	anager Managing Member	Name and Address:
MGRM		Jennifer Elledge
		2616 Wembleycross Way
		Orlando, FL, 32828
MGRM		Joshua Elledge
		2616 Wmebleycross Way
		Orlando, FL, 32828
(Use attach	nent if necessary)	
CLE V: Effe effective da o or 90 days	etive date, if other than the et is listed, the date must after the date of filing.) D SIGNATURE:	date of filing: (OPTIONAL be specific and cannot be more than five busine or an authorized representative of a member.
LE V: Effe effective da o or 90 days REQUIRE	e is listed, the date must after the date of filing.) D SIGNATURE: In accordance with section 6/8. constitutes an affirmation under the amay a false information and a surface of the section formation under the section under the se	be specific and cannot be more than five busine

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)