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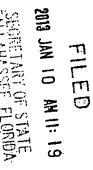
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## **COVER LETTER**

TO: Registration S Division of Co		••	
	•		
SUBJECT: 9161 PI	ace LLC		_
	Name of Limite	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Kenneth Tho	ompson		<u>.</u>
		Name of Person	
JAM 5:20 In	С		
		Firm/Company	
11415 Walsi	ngham Rd		
		Address	
Largo, Fl 33			
_		y/State and Zip Code	
jam520@live		or future annual report notification)	
	·	•	
For further information	concerning this matter, please	Call:	
Delores Osborne	•	at (727) 397-9268	
Name	of Person	Area Code & Daytime Telephone Number	<del></del>
Enclosed is a check t	or the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	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 Tallahassee, FL 32301	

## ARTIÇLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
9161 Place LLC  (Must end with the words "Limited Liabilit	v Company "I I C " or "I C ")	_		
ARTICLE II - Address: The mailing address and street address of the printing address and street address and street address of the printing address and street		Compa	ıny is	:
Principal Office Address:	Mailing Address:			
13523 78th Ave Seminole, FI 33776	13523 78th Ave Seminole, Fl 33776	<u>-</u>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signated Agent. You must designate an individual or a	ature:		
The name and the Florida street address of the re	gistered agent are:	<del></del> 1	60	
Kenneth Thompson				
Name			JAN	T
11415 Walsingham Rd		SSE	5	
Florida street addi	ress (P.O. Box NQT acceptable)	79	3	ED
Largo, FI 33778	FL	KEST.	=	
City, Stat	te, and Zip	夏州	9	
Having been named as registered agent and to a	ccept service of process for the above	stated	limite	ed .

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)

Page 1 of 2

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:	
	MGR	Delores Osborne	
		13523 78th	
		Seminole, Fl 33776	•
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(If an	CLE V: Effective date, if coeffective date is listed, the or 90 days after the date of the	other than the date of filing:	iness days  SECRETARY  SECRETARY

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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