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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Decision Fig. 1)				
(Business Entity Name)				
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SETWETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLOUNDER ENTERPRISES 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:
Jason Sobota
Name of Person Name of Person Price 13 Price 13 Price 14 Price 15 Pric
Firm/Company $\frac{\sqrt{2}}{\sqrt{2}}$
3119 Spanish Trail
SIIP Sparish Trail Address Delvay Beach, FL 33483 City/State and Zip Code
City/State and Zip Code
Sobota Sayahoo, Com E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
Jason Sobota at (561, 303-1028
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CLE	I -	Name:
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The name of the Limited Liability Company is:

Spanish Trail

FLOUNDER ENTERPRISES LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

3119

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

3119. Sparish Trail

(The Limited Liability Co	egistered Agent, Registered Office, & Registered Agompany cannot serve as its own Registered Agent. You must designate an active Florida registration.)		
The name and the	Florida street address of the registered agent are: JASON SOBOTA		
	Name 3119 Spanish Trail	ARY OF ASSEELF	
	Florida street address (P.O. Box NOT acceptable Debray Beach, FL 33483 City, State, and Zip		

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

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 "MGRM" = Managing Member	Name and Address:
MCZRM	JASON SOBOTA 2007 200 200 200 200 200 200 200 200 20
	<u></u>
(Use attachment if necessary)	4/1/2
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date mus prior to or 90 days after the date of filing.)	e date of filing: $4/1/15$. (OPTIONAL) it be specific and cannot be more than five business day

REQUIRED SIGNATURE:

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.)

JASON SOBOTA

Typed or printed name of signee

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)