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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: U2 Can Be Accepted
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: Try The Clements Name of Person Name of Pe
Firm/Company
830 N. Atlantic Avenue B-905
Address Cocoa Beach, FL 32931 City/State and Zip Code Pelements 20 e gmail. Com E-mail address: (to be used for future annual report notification)
PCIements 20 e 9 Mail. Com
For further information concerning this matter, places call
Prystha Clements at 407 716-398955 C. Name of Person Area Code & Daytime Telephone Number 5
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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

ARTICLE I - Name:
The name of the Limited Liability Company is:
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:
Principal Office Address: Mailing Address:
830 N. Atlantic Ave. B-905 830 N. Atlantic Ave. B-9 Cocoa Beach, FL 32931 Cocoa Beach, FL 32931
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: Trywtha Clements Second Se
830 N. Atlantic Ave. B-905 Florida street address (P.O. Box NOT acceptable)
COCOA BEACH, FL 32931 FS A 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	_
"MGRM" = Managing Member MJR	Pryntha Clements 830 N. Atlantic AVE. B-905 COCOA BEAL, FL 32931
(Use attachment if necessary)	
,	(OPTIONIAL)
	ate of filing: (OPTIONAL) be specific and cannot be more than five business days
prior to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Tuntha	or an authorized representative of a member.
(In accordance with section 608.4	08(3), Florida Statutes, the execution of this document
I am aware that any false information constitutes a third degree felony a	tion submitted in a document to the Department of State
Fruntha	Clements 55 5
Туре	d 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)