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## COVER LETTER

	ion Section of Corporatious		
SUBJECT: TW	enty-Three Eighty	, LLC	خب ومي
SOBJECT:	Name of Limit	ted Liability Company	ω T
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	R 22
Please return all co	rrespondence concerning this mar	ter to the following:	The second
Paul S	Schmitt		
,		Name of Person	36
		Firm/Company	
2380	Foliage Oak Te	rrace	
		Address	
Ovied	do, FL 32766		
ntschm	itt72@gmail.com	ty/State and Zip Code	
ptociiii		for future annual report notification)	
For further informa	tion concerning this matter, please	e call:	
Martin L. I	McCann, Esq.	203 332-5737	
N	ame of Person	Area Code & Daytime Telephone Number	
Enclosed is a che	ck for the following amount:		
<b>■</b> \$125.00 Filing F	ee □\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐ \$160.00 Filing Fee Certificate of State (additional copy is enclosed)	nis &
	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:	
Twenty-Three Eighly, LLC	
(Must and with the words "Limited Liabil	ity Company, "L.L.C.," or "LI.C.").
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2380 Foliage Oak Terrace	2380 Foliage Oak Terrace
Oviedo, FL 32766	Oviedo, FL 32768
husiness entity with an active Florida registration.) The name and the Florida street address of the r	egistered agent are:
Paul Schmitt Name	
name	
2380 Foliage Oak Terrace	and the same of th
	dress (P.O. Box <u>NOT</u> acceptable)
Oviedo	FL 32766
City, St	auc, and Zip
liability company at the place designated in a registered agent and agree to act in this cupac all statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	Paul Schmitt, LLC	Ė
	2380 Foliage Oak Terrace	
	Oviedo, FL 32766	
MGRM	Mark Gimple, LLC	
	1606 Ella T. Grasso Boulevard	
•	New Haven, CT 06511	- H
		* <b>%</b>
		<u> </u>
		——————————————————————————————————————
	روان المساور المارية الموانية	
(Use attachment if necessary)		
SENTENCE TO OPERATE AND A SERVICE AND A SERV	an the date of filing:	

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.)

Paul Schmitt, LLC by Paul Schmitt, Member
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)