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| (Re | equestor's Name) | |
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| PłCK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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(850) 245-6051.

COVER LETTER

| то: | Registration Section Division of Corporations |
|---------|--|
| SUBJI | ECT: Ellen L. Walsh, LLC |
| | Name of Limited Liability Company |
| The en | sclosed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Terry R. Kroggel |
| | Name of Person |
| | Terry R. Kroggel, PA |
| | Firm/Company |
| | 2111 N. 15th St. |
| | Address |
| | Tampa, FL 33605 |
| | City/State and Zip Code |
| | Terry@krueger-CPA.Com E-mail address: (to be used for future annual report notification) |
| | |
| For fur | ther information concerning this matter, please call: |
| Te | rry R. Kroggel 813 248-8844 |
| | Name of Person Area Code & Daytime Telephone Number |
| Enclo | sed is a check for the following amount: |
| □\$125 | .00 Filing Fee \$\bigsim \mathbb{1}30.00\$ Filing Fee \$\bigsim \mathbb{C}\$ \$\bigsim \mathbb{1}\$130.00\$ Filing Fee \$\bigsim \mathbb{C}\$ \$\bigsim \mathbb{1}\$155.00\$ Filing Fee \$\bigsim \mathbb{C}\$ \$\bigsim \mathbb{C}\$ Certificate of Status \$\bigsim \mathbb{C}\$ \$\bigsim \mathbb{C}\$ 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 Limit | ted Liability Company i | is: | |
| Ellen L. Walsh, LLC | ····· | | |
| (Must e | nd with the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Addre The mailing address a | | principal office of the Limited Liabil | ity Company is: |
| Principal Office Add | ress: | Mailing Address: | |
| 207 Willowick Ave. | | 207 Willowick Ave. | |
| Tampa, FL 33617 | | Tampa, FL 33617 | |
| (The Limited Liability Compa- business entity with an active The name and the Flor | any cannot serve as its own Req e Florida registration.) rida street address of the rry R. Kroggel, CPA | | |
| | Nan | ne | NY C |
| 21 | 11 N. 15th St. | | |
| | Florida street a | address (P.O. Box <u>NOT</u> acceptable) | OF STA |
| Ta | mpa, FL 33605 | FL | |
| | City, | FL State, and Zip | _ |
| liability company a registered agent and all statutes relating | it the place designated in agree to act in this cap to the proper and comp | to accept service of process for the about this certificate, I hereby accept the accept. I further agree to comply with the lete performance of my duties, and I accepts the agent as provided for in Chapture (RECOIRED) | ppointment as he provisions of m familiar with |

(CONTINUED)

Page 1 of 2

P.02/02

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager | |
|--|---|
| 'MGRM" = Managing Membe | : r |
| MGRM | Effen L. Walsh |
| | 207 Willowick Ave. |
| | Tampa, FL 33617 |
| | |
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| The second secon | |
| | |
| Use attachment if necessary) | |
| | |
| To the Effective data if athers | has the date of Elinas (OPTION |
| EV: Effective date, if other the | han the date of filing: (OPTION |
| LE V: Effective date, if other the factive date is listed, the date or 90 days after the date of file. | e must be specific and cannot be more than five busin |
| <mark>lective date is listed, th</mark> e dat | e must be specific and cannot be more than five busin |
| fective date is listed, the date or 90 days after the date of fi | e must be specific and cannot be more than five busin |
| Tective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: | e must be specific and cannot be more than five busing.) |
| fective date is listed, the date of file of the date o | e must be specific and cannot be more than five busing.) |
| Tective date is listed, the date of file of the date o | e must be specific and cannot be more than five busin |
| Tective date is listed, the date of file or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmatic I am aware that any false) | e must be specific and cannot be more than five busing.) Walsh |

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)

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