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COVER LETTER

TO:	Registration S Division of Co				
	It Co	ounts			
SUBJI	ECT:		ed Liability Com	pany	
		f Organization and fee(s) are		_	
Please	return all corresp	oondence concerning this matt	er to the following	ıg:	
	Joan E	. Rayzor			
			Name of Person		
	• • • • • • • • • • • • • • • • • • • •		Firm/Company		
	284 Co	rinthian Place	•		
			Address		······································
	Destin,	FL 32541			
			y/State and Zip Co	ıde	
,	JoanRayz	or@gmail.com	C C-4		
5 . ¢	4	E-mail address: (to be used		port notification)	
_		concerning this matter, please			
Joa	an E. Ra	ayzor	_ _{at (} 850	<u> </u>	916
	Name	of Person	Area Co	de & Daytime Tele	phone Number
Enclos	sed is a check for	or the following amount:			
■\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co	-	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporation Building executive Center (s

Effective Date 4, 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	
	any is:
It Counts LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
284 Corinthian Place	284 Corinthian Place
Destin, FL 32541	Destin, FL 32541
business entity with an active Florida registration.) The name and the Florida street address of Joan E. Rayzor	of the registered agent are:
	Name
284 Corinthian Place	Name
	Name treet address (P.O. Box <u>NOT</u> acceptable)
	treet address (P.O. Box NOT acceptable)
Florida st Destin, FL 3254	treet address (P.O. Box <u>NOT</u> acceptable)

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joan E. Rayzor
	284 Corinthian Place
	Destin, FL 32541
	
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(Use attachment if necessary) CLE V: Effective date, if other than the	ne date of filing: 8/1/2013 . (OPTIONA
CLE V: Effective date, if other than the	ne date of filing: 8/1/2013 . (OPTIONA st be specific and cannot be more than five busines
CLE V: Effective date, if other than the effective date is listed, the date mu	st be specific and cannot be more than five busines
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five busines
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a month of the constitutes an affirmation und I am aware that any false inforconstitutes a third degree felorical days after the date of silvers.	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated-herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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CLE V: Effective date, if other than the effective date is listed, the date must on 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a month of the effective date in force on the effective date in the effective date	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated-herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) 1011 RAYZOR Typed or printed name of signee