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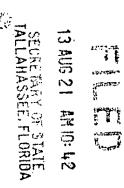
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer:	7
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COVER LETTER

10:	Division of Co				
	Aesculu	us LLC			
SUBJE	CT:	Name of Limit	ed Liability Con	pany	
The end	losed Articles o	of Organization and fee(s) are	submitted for fili	ing.	
Please r	eturn all corresp	oondence concerning this matt	er to the following	ng:	
	Robert F. Fa	arragher			
•		· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Aesculus LL	.c			
-			Firm/Company		
	13327 Budw	vorth Circle			
-			Address		
	Orlando, Flo	orida, 32832			
-	rffarragher@	gmail.com	ty/State and Zip Co		
_		E-mail address: (to be used	for future annual re	eport notification)	
For furt	her information	concerning this matter, please	e call:	Fr Fc >:	
Robe	rt Farragher		321 at (689-7708 ***	6 2 F
	Name	of Person	Area Co	ode & Daytime Telephone Number	
Enclos	ed is a check fe	or the following amount:		ORIO	5 5
■\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fi Certified C (additional c	Copy Certificate of Copy is enclosed) Certified Co	of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division Clifton 2661 E	Courier Address ration Section on of Corporations a Building Executive Center Circle assee, FL 32301	

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Aesculus LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
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:
13327 Budworth Circle Orlando, FL	13327 Budworth Circle Orlando, FL
32832	32832
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the respective to the Robert Farragher Name	egistered agent are:
13327 Budworth Circle	AS No durante
Florida street add Orlando, FL, 32832	ress (P.O. Box NOT acceptable) FL ate, and Zip
City, Sta	FL TO THE STATE OF
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert Farragher 13327 Budworth Circle Orlando, FL, 32832
	1
(Use attachment if necessary) ICLE V: Effective date, if other than the	ne date of filing: . (OPTIONA
ICLE V: Effective date, if other than the effective date is listed, the date mu	ne date of filing: (OPTIONA st be specific and cannot be more than five busines
ICLE V: Effective date, if other than the	st be specific and cannot be more than five busines

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)