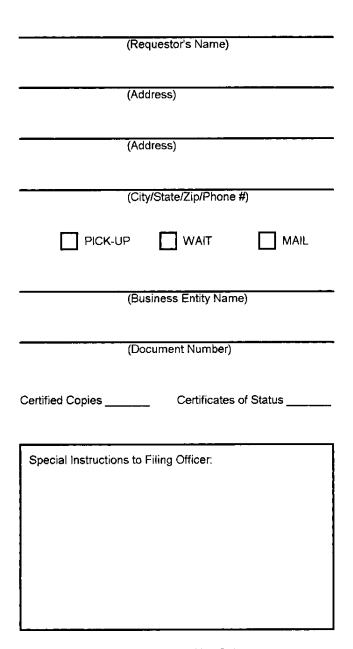
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## **COVER LETTER**

TO; Registration S		A STATE OF THE STA	
		Living L.L.C. ed Liahility Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
MARIK	o Billups		
		Name of Person	
		Firm/Company	
1403 E	nole Chossina D	R	
1100	y. On any	Address	
DRAnge	Igle CROSSING D PARK, FL. 32	365	7, 8
1.1	Cit	y/State and Zip Code	
mbilluf	15@ K.5UBC. 084	7  for future annual report notification)	
	E-man address, (to be user)	·	1886 1886
For further information	concerning this matter, please	call:	
MARIKO	Billung	at (904 ) 625-76	17.5
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the L	imited Liability Compa	ny is:	
Agage En	mounted Living.  That end with the words "Lighted	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac		the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
1403 Eagle	CADSSING VA.	Same	
The Limited Liability C business entity with an	Company cannot serve as its own active Florida registration.)  Florida street address of	stered Office, & Registered Ager n Registered Agent. You must designate an in f the registered agent are:  **Luited Baptist Church** Name	
	2240 Forest		<b>10 10 10 10 10 10 10 10</b>
	Florida str	reet address (P.O. Box NOT acceptable)	28.
	JACKSONVIlle	FL <b>32204</b>	72- 184
	C	City, State, and Zip	
liability compa registered agent all statutes rela	any at the place designate and agree to act in this ting to the proper and co bligations of my position	and to accept service of process for a led in this certificate, I hereby accept capacity. I further agree to comply complete performance of my duties, and as registered agent as provided for the complete of the control of the contr	the above stated limited of the appointment as with the provisions of and I am familiar with
	<ul> <li>Kegistered Agent's</li> </ul>	s Signature (REQUIRED)	

(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:

Name and Address:	
Mariko Billups 1403 Engle Crossing Vr. Orange Park, Fr. 32045	
Keisha Billufs 1403 Eagle Capting DR.	
Anthony Campfield  400 W. Penchtaee St. NW 1409  Rilanta, Ga. 30308	
11/10/10	
e date of filing: (OPTIO)  t be specific and cannot be more than five busi	ines
date of filing: _///3//3 (OPTIO to be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be specific and cannot be specific as the	ines 2013 NOV 12
date of filing:	ines
	Anthony Caputold  Hop W. Peachtace St. NW 1409  Rilanta, Ga. 30308

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)