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COVER LETTER

TO:

Registration Section Division of Corporations

auren Krom Freelance Writer, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Burnside Name of Person Lauren Krom Freelance Writer, LLC. Firm/Company 1894 Branchwater Trail Orlando, FL 32825 City/State and Zip Code Lauren@Laurenkromfreelancewriter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Burnside	407 535-3472	
Name of Person	Area Code & Daytime Telephone Number	_

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

■\$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

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:

Lauren Krom Freelance Writer, LLC. (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
,	₩., <u> </u>
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1894 Branchwater Trail	1894 Branchwater Trail Orlando, FL 32825
Orlando, FL 32825	Orlando, FL 32825
	<u> </u>
The name and the Florida street address Wheeler's Luxury Trans	of the registered agent are: sportation, Inc. <u>Linon Wheeler</u> Vice President Name
6843 Narcoossee Rd.,	Suite 67
Florida s	street address (P.O. Box NOT acceptable)
Orlando, FL 32822	FL
	City, State, and Zip
liability company at the place designor registered agent and agree to act in thi all statutes relating to the proper and c	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with an as registered agent as provided for in Chapter 608, F.S

(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:

MGR	Lauren Burnside
	1894 Branchwater Trail
	Orlando, FL 32825
	
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	<u> </u>
Use attachment if necessary)	

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.)

Lauren Burnside - LAUREN A. BURNS IDE
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)