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COVER LETTER

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TO: Registration S Division of Co			
SUBJECT:	AVONUOO Name of Limit	D LLC, ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for films.	
Please return all corresp	ondence concerning this matt	er to the following	
CA	PARLES K. HE	Name of Person LL C Firm Company	
\mathcal{A}	NONWOOD (<u> </u>	
		Енті Сопрацу	
		Address	
1790	3 Clear La	Ke Dr. LuTz y State and Zip Code	, FL 33548
<u>Cha</u>	rlie Obrian a E-mail address: Ito be used	te Dr. LuTz y State and Zip Code and becky Com to future annual report notification)	
For further information of	concerning this matter, please	e call:	
CHARLES HE	YLICER of Person	at (<u>813</u>) <u>949-2</u> Area Code & Daytime Tele	5001 phone Number
Enclosed is a check for	or the following amount:		
□S125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□S155.00 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 Corporation Clifton Building 2661 Executive Center O	5

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

٠,

The name of the Limited Liability Company is:

Avonwood LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

17903 Clear Lake Dr. 17903 Clear Lake Dr

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualness entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	.* .		
CHARLES K. Heyliger Jr.	TALA	13 050 3	
17903 Clear Lake Or.		ි ක -	* ,
Florida street address (P.O. Box <u>NOT</u> acceptable)	7)	772 4 1. 17	• ; • ;
LuTZ , 17. 33548 City. State, and Zip	10 m	i.o z=	hage a second
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply vall statutes relating to the proper and complete performance of my duties, an	the appoi vith the pi	utmen ovisio	it as ons of

and accept the obligations of my position 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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" - Managing Member		
MGRM	CHARLES K. Heyliger Jr	
	CHARLES K. Heyliger Jr 17903 Clear LAKE Dr. LUTZ, FL 37548	
MGRM	ALTCE F. Herliger	
	13903 Clear LAKE Dr LUTZ, FL 33548	
	Lutz, FL 33548	

(Use attachment if necessary)

1.

ARTICLE V: Effective date, if other than the date of filing: <u>JAMMAY 1, 2014</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 define. 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.)

CHARLES K. Heyliger Jr.
Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)