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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	i
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: OriStr. Name of I imited	Enferpiser LLC Tiability Copposition
The end	nclosed Articles of Organization and fee(s) are sul	omitted for filing.
Please 1	return all correspondence concerning this matter	to the following:
	Barbara	ame of Person
	P	irm/Company
	19268 Pel	bein C+
	Loca Pato	Address A FL 33498
	halballa	used for future annual report notification)
For fur	rther information concerning this matter, please of	<u> </u>
	1 1 0 1	Code Davtime Telephone Number
•		Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy
	Mailing Address - Registration Section	Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327

Division of Corporations

Clifton Building
2661 Enfocutive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPAN!

ARTICLE I - ivam. "a name of the Limited Liability Company is:
laine of the Emilieu Elability Company is.
Dristi Eakspises LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
rrıncıpai Office Address: Mailing Address:
19268 fellony Ct Boca Paton, FL 33498 Boca Paton, FL 33498
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
19268 Pellery C+
Florida street address (P.O. Box <u>NOT</u> acceptable)
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in
- Salallolan = = =
Registered Agent's Signature (REQUIRED) (CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Sarbara A Dolan 19260 a a Shorry (+
	Bora Rator FL 3.3490
(Use attachment it necessar.	1 (
E V: Effective date, if other than the date of	of filing:
ective date is listed, the date must be spe or filing.) EVI: Other provisions. if any	of filing: (OPTION: ecific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must be spentiling.) E VI: Other provisions. if any	ecific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must be spentiling.) E VI: Other provisions, if any SECULTED SIGNATURE: Signature of a mei	mber or an authorized representative of a member.
Signature of a mer (In accordance with section of constitutes an affirmation ur was aware that any false infe	ecific and cannot be more than five business days prior to or 90 c
Signature of a mer (In accordance with section of constitutes an affirmation ur was aware that any false infe	mber or an authorized representative of a member. 505.0203 (1) (b). Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated nerein are true, formation submitted in a document to the Department of State
Signature of a mer (In accordance with section of constitutes an affirmation ur aware that any false infractions at third degree fel	mber or an authorized representative of a member. 505.0203 (1) (b). Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated nerein are true, formation submitted in a document to the Department of State long as provided for in s.817.155, F.S.) Typed or printed name of signee Filling Fees:
Signature of a mer (In accordance with section of constitutes an affirmation ur constitutes a third degree fellows)	mber or an authorized representative of a member. 505.0203 (1) (b). Florida Statutes, the execution of this document formation submitted in a document to the Department of State long as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent