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SEGRETARY OF STATE

	egistration Section vision of Corporations			
SUBJECT	Three Strands,	LLC		
SOBJECT	·a_	imited Liabili	ty Company	
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retu	n all correspondence concerning this	matter to the f	ollowing:	
	Florence N Whel	an		
	 	Name of	Person	
	Three Strands, L			
		Firm/Co	npany	20 Z
	1220 10th Court	SW		TI ASS
		Addre	ess	NS AS
	Largo, Florida 33	770		35E-1
	three slic@amail.com	City/State and	d Zip Code	cation)
For further	information concerning this matter, pl		,	,
Mike	Whelan	737) 424-2797 Daytime Telephone Nu	
	Name of Person	Area Code	Daytime Telephone Nu	mber
	a check for the following amount: ling Fee \$\frac{130.00}{2}\$ Filing Fee & Certificate of Status	Certifi	ed Copy Co cl copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & crtified Copy itional 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 Circ Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Addre			
The mailing address a	nd street address of the pr	rincipal office of the Limited Liability Company is:	
Principal Office Add	ress:	Mailing Address:	~
1220 10th Court SW		1220 10th Court SW	<u> </u>
Largo, Florida 33770		Largo, Florida 33770	
(The Limited Liability		d Office, & Registered Agent's Signature:	10
The Limited Liability another business entit	Company cannot serve a	is its own Registered Agent. You must designate an ind egistration.)	10
The Limited Liability another business entit	Company cannot serve a y with an active Florida r ida street address of the r	is its own Registered Agent. You must designate an ind egistration.)	10
(The Limited Liability another business entit	Company cannot serve a y with an active Florida r ida street address of the r	s its own Registered Agent. You must designate an indegration.) registered agent are:	10
(The Limited Liability another business entit	Company cannot serve a y with an active Florida r ida street address of the r Florence N Whelan	s its own Registered Agent. You must designate an indegration.) registered agent are:	10
(The Limited Liability another business entit	Company cannot serve a y with an active Florida r ida street address of the r Florence N Whelan	s its own Registered Agent. You must designate an indegrate and indegrat	10

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 Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Citle:</u>	Name and Address:	
AMBR" = Authorized Member	_	
MGR" = Manager		
Authonzed Member	Mike Whelan	
	1220 10th Court SW	
	Largo, Florida 33770	<u>. </u>
		₹) 1.
AMBR	Florence N Whelan	<u></u>
	Largo, Florida 33770	77
	Largo, Florida 33770	\
MGR	John Whelan	19
	1220 10th Court SW	بن
	Largo, Florida 33770	4,5
		2
MGR	Charlie Graham	17
· · · · · · · · · · · · · · · · · · ·	1220 10th Court SW	
	Largo, Florida 33770	
CV: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to	or 90
V: Effective date, if other than the detive date is listed, the date must be filling.)		or 90
V: Effective date, if other than the detive date is listed, the date must be filling.)		or 90
Use attachment if necessary) CV: Effective date, if other than the detive date is listed, the date must be filing.) CVI: Other provisions, if any.		or 90
CV: Effective date, if other than the detive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trainformation submitted in a document to the Department of States felony as provided for in s.817.155, F.S.)	ment ue.
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, ARTICLE IV-