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COVER LETTER

TO: Registration Division of C	section Corporations		75 7
SUBJECT: Michael	Manfra LLC	nited Liability Company	
	Name of Lin	nited Liability Company	類型 る
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	· · · · · · · · · · · · · · · · · · ·
<u>Michael</u>	Manfra	Name of Person	
		Name of Person	
.N/A			
		Firm/Company	
<u>7014 Inc</u>	deside drive	Address	
Port Rich	ney, Florida 34668	ity/State and Zip Code	
manframail@ad	ol.com	16.64	
	E-mail address: (to be use	d for future annual report notifica	ition)
For further information	on concerning this matter, plea	ase call:	
Michael Manfra Nan	at (at (at (at (at (lephone Number
Enclosed is a check for	or 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:	
Michael Manfra L.L.C.	
(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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7014 Ingleside Drive Port Richey, Florida 34668	7014 Ingleside Drive
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)
_	apont are.
Jaime Manfra Name	
7014 Ingleside Drive Florida street address (P.O. Box	NOT acceptable)
Port Richey	FL 34668
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
	2,6
Registered Agent's Signat	ure (REQUIRED)
(CONTINUI	ED)
Page 1 of 2	FILED SECRETAGINANT NATE ALLANASSES, PLOREDA

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Michael Manfra
AMBIC	7014 Ingleside Drive
	Port Richey, Florida 34668
(Use attachment if necessary)	
	te of filing: (OPTIONAL)
ective date is listed, the date must be s of filing.)	specific and cannot be more than five business days prior to or 9
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
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