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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lin	mited Liability Company	7100
The enclosed Articles of Or	ganization and fee(s) a	re submitted for filing.	ER SO
Please return all correspond	ence concerning this m	natter to the following:	
Seth Vanderdr	ift		7.3.1 5
		Name of Person	> 0
<u> </u>		Firm/Company	
4422 Biscayne	Breeze Way		
		Address	
Kissimmee, FL	. 34744		
	C	City/State and Zip Code	
legal@f28labs.com Е-п	nail address: (to be use	d for future annual report notifica	tion)
For further information conc	erming this matter, plea	ase call:	
Seth Vanderdrift	at (407) 687-5666	
Name of F	erson	Area Code Daytime Tel	lephone Number
Enclosed is a check for the f	ollowing amount:		
	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)
P.O. Box	n Section f Corporations	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
f2.8 Labs, LLC.		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
4422 Biscayne Breeze Way	4422 Biscayne Breeze Way	у
Kissimmee, FL 34744	Kissimmee, FL 34744	
another business entity with an active Florida registrat The name and the Florida street address of the registere Seth Vanderdrift	ed agent are:	
Nan	ne	
4422 Biscayne Breeze Way		
Florida street address (P.O. B	ox NOT acceptable)	
Kissimmee	FL 34744	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptance capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles Registered Agent's Sign	ept the appointment as registered ag as of all statutes relating to the prope obligations of my position as register apter 605, F.S	ent and agree to act in this or and complete performance
(CONTIN	(UED)	SEON A
Page 1 o	n 2	

<u>Title:</u> "AMBR" = Authorized Membe	<u>Name and Address:</u> r	
"MGR" = Manager MGR	Seth Vanderdrift 4422 Biscayne Breeze Way	
	Kissimmee, FL 34744	

(Use attachment if necessary)		
E V: Effective date, if other that ective date is listed, the date m of filing.)	n the date of filing: 28-Apr-2014 . (OPTIO ust be specific and cannot be more than five business days pr	NAL) rior to or 90
E V: Effective date, if other that ective date is listed, the date m of filing.) E VI: Other provisions, if any.	ust be specific and cannot be more than five business days pr	NAL) rior to or 90
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ARTICLE IV-