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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of O	Section Corporations		
SUBJECT:		244 Dalton L	L.C.
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	•
Please return all corre	spondence concerning this m	atter to the following:	
	Arley F	ugg hins Name of Person	
		Firm/Company	
,	7854 Parl	liament Ct Address	
	Tallahasse	e, FL 323	09
	arley. huggl E-mail address: (to be use	e, FL 3230 City/State and Zip Code Cins & Yahoo C	o m
For further information Anley Huge			
	or the following amount:		
3 \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	<u>ress</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
242/244 Da (Must end with the words "Limited	Hon L.L.C. d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7854 Parliament Ct Tallahassee, FL 32309	7854 Parliament Ct Tallahassee, FL 32309
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered Arley Howard Name 7854 Par Florida street address (P.O. Bo Tallahassee City	liament Cf
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	Zip ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in oter 605, F.S.
Registered Agent's Signa	ature (REQUIRED)
(CONTINU Page I of	Fig. 1
	ST W TOPE

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Anto Humbias
	70 EM 11 Standard
	Tallahassee, FL 32309
	1911(1)(123EE) 1 = 2-307
•	
Use attachment if necessary)	
f filing.)	
Tilling.) E VI: Other provisions, if any.	
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E VI: Other provisions, if any.	les Hugahi
REQUIRED SIGNATURE: Signature of a memb	les Hugensen ex or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02)	er or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a membility (In accordance with section 605.02 constitutes an affirmation under the	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information to the section formation to the section and the section formation to the section formation formation formation formation for the section formation formation for the section for the section for the section for the section for th	203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true ion submitted in a document to the Department of State ion submitted in the Department of State ion submitted ion submit
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ARTICLE IV-