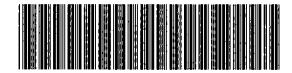
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Special Instructions to F	Filing Officer	7
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of (n Section Corporations		
SUBJI	ECT:		January L.L.C	
		Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
			Steve Currie	
			Name of Person	
	····	S	teve January L.L.C	
			Firm/Company	
		1003 \$	South Kikman RD Ste 201	
			Address	
			Orlando, Fla 32811	
		C	City/State and Zip Code	
		Jan E-mail address: (to be use	uarvinfo@gmail.com d for future annual report notifica	ation)
For fu	ther informatio	on concerning this matter, plea		,
		,		
Steve	Currie	at (_4	407) 929-5908	
	Nar	me of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
] \$ 125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	illing Address	Street/Courier Add	ress

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

...

		nuary L.L.C	
(1	Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC."))
ARTICLE II - Addre			
The mailing address an	d street address of the princip	al office of the Limited Liability Company is:	:
Principal Office Addr	ress:	Mailing Address:	
1003 South Kirkman	Rd Ste 201	1003 South Kirkman Rd Ste 201	
Orlando, Fla 32811		Orlando, Fla 32811	
		ice, & Registered Agent's Signature: own Registered Agent. You must designate an	ı individual or
(The Limited Liability another business entity		ice, & Registered Agent's Signature: own Registered Agent. You must designate an ration.)	ZOLA M SECR TALL/
(The Limited Liability another business entity	Company cannot serve as its of with an active Florida registr	ice, & Registered Agent's Signature: own Registered Agent. You must designate an ration.) ered agent are:	ZOLA M SECR TALL/
(The Limited Liability another business entity	Company cannot serve as its of with an active Florida registred as street address of the registred. Steve (ice, & Registered Agent's Signature: own Registered Agent. You must designate an ration.) ered agent are:	ZOLA M SECR TALL/
(The Limited Liability another business entity	Company cannot serve as its of with an active Florida registred as street address of the registred. Steve (ice, & Registered Agent's Signature: own Registered Agent. You must designate an ration.) ered agent are: Currie ame	2014 NAY -8 AM SECRETARY OF TALL AHASSEE, F
(The Limited Liability another business entity	Company cannot serve as its of with an active Florida registred ida street address of the registred. Steve O	ice, & Registered Agent's Signature: own Registered Agent. You must designate an ration.) ered agent are: Currie ame	2014 NAY -8 AM SECRETARY OF TALL AHASSEE, F
(The Limited Liability another business entity	Company cannot serve as its of with an active Florida registred ida street address of the registred. Steve (N 2042 Ton)	ice, & Registered Agent's Signature: own Registered Agent. You must designate an ration.) ered agent are: Currie ame	2914 MAY -8 SECRETARY OF TALLAHASSEE

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR=	Steve Currie	
	1003 South Kirkman Rd Ste 201	_
	Orlando, Fla 32811	- -
		-
		-
		-
		-
		_
		_
		-
		_
(Use attachment if necessary)		
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific an	g:	90 days
EV: Effective date, if other than the date of filing	g: (OPTIONAL) ad cannot be more than five business days prior to or !	90 days
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.)	G: (OPTIONAL) ad cannot be more than five business days prior to or !	90 days
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific and filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	d cannot be more than five business days prior to or!	90 days
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific and filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	Correction five business days prior to or some statement of the correction of the co	
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) (constitutes an affirmation under the per	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of periury that the facts stated herein are true.	
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) (constitutes an affirmation under the per I am aware that any false information s	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State	
E V: Effective date, if other than the date of filing sective date is listed, the date must be specific and of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) (constitutes an affirmation under the per	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State	

ARTICLE IV-

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)