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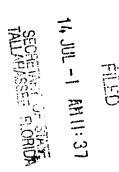


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COVER LETTER

TO: Registration Division of C		ř	
SUBJECT:	Famou \$ Nobac Name of Lim	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
Aaron	Hilliard Anton	Name of Person Regin	nald Greenwood
		Firm/Company	·····
1600	old Bainbri	dge Rd JAddress	
Ta	llahassee FL	32304	
aatun	Ci Nilliad 100 gmail E-mail address: (to be used	32304 ty/State and Zip Code (OM) for future annual report notifica	ition)
	n concerning this matter, pleas		
Aaron Hil	liard at (104 349-39 Area Code Daytime Te	70
INan	ie of Person	Area Code Dayume Te	repriorie (vumoer
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy sent losed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1600 Old Bainbridge Pd 32203 Tallahance, Ele	3025 Suth adams St Apt 116 32301, Tallahassee FIL
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registere Aavan Hillia Nam	vd
- 114	creekctN
Tackson ville	FL 32246 Zip
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
(CONTINE	8 <u>1</u> 3

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	A 11.11: 1	
_ AMBR	Haven Hilliard 1600 Bain bridge 11 810 32303 Tallaha	w.£
AMBR	Antonia Pess	J 2 2 1
	Tollahaxee, Fl. 72301	
AMBR	Plainald Greenwood 3025 South Hours St 112 Tallahasse F1, 32301	4.11
		•
(Use attachment if necessary)		
fective date is listed, the date must be specific	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9	0 day
DE V: Effective date, if other than the date of fifective date is listed, the date must be specific of filing.) DE VI: Other provisions, if any.	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9	0 day
fective date is listed, the date must be specific of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9	0 day
fective date is listed, the date must be specific of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9	0 day
REQUIRED SIGNATURE Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State	0 day
REQUIRED SIGNATURE Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State	0 day
REQUIRED SIGNATURE Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)	0 day

ARTICLE IV-

Page 2 of 2

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