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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
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	ocument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Lewis 4111, LLC Name of Limited Liability Company
	Name of Emilieu Elability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Peter Apol
	Name of Person
	Firm/Company
	245 Lane Avenue North
	Address
	Jacksonville, FL 32254
pjap	City/State and Zip Code Piper and Apple Comment
For furthe	er information concerning this matter, please call:
Peter Ap	
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□ \$125.00 i	Filing Fee Status Statu
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 32314"2661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Lewis 4111, LLC (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
245 Lane Avenue North Jacksonville, FL 32254	245 Lane Avenue North Jacksonville, FL 32254
another business entity with an active Florida registrati	n Registered Agent. You must designate an individual or on.)
The name and the Florida street address of the registere	d agent are:
<u>Peter Apol</u> Nam	re
245 Lane Avenue North Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
Jacksonville	FL 32254 Zip
City	Zip
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	ervice of process for the above stated limited liability company at opt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in pter 605, F.S
Registered Agent's Sign	
(CONTIN	UED)
Page I of	UED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Munorized Member "MGR" = Manager	
MGR	Assets Holding, LLC
	245 Lane Avenue North
	Jacksonville, FL 32254
(Use attachment if necessary)	
(Ose addenned it necessary)	
of filing.)	
E VI: Other provisions, if any.	EMPLE OF
E VI: Other provisions, if any,	
E VI: Other provisions, if any,	
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	nher or an authorized representative of a member. .0203 (1) (b), Florida Statures, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nher or an authorized representative of a member0203 (1) (b), Florida Statures, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Peter Apol	nher or an authorized representative of a member0203 (1) (b), Florida Statures, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Peter Apol \$125.00 Filing Fee for Articles of Orga	nher or an authorized representative of a member0203 (1) (b), Florida Statures, the execution of this document the penalties of perjury that the facts stated herein are true. lation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee
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