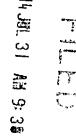
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## COVER LETTER

í	TO:	Registratio Division of	n Section Corporations			-1 -1 -1 -1 -1 -1	2014 3591
	SUBJE	ECT: <u>Sweet</u>	Meadow Ranch Estates I Name of L	LC imited Liability Company			<u>ယ</u>
	The en	closed Article	s of Organization and fee(s)	are submitted for filing.			5
	Please	return all corre	espondence concerning this i	matter to the following:		# 25 20 - 25 2 m	رب) <b>وب</b> و
		Joseph	Milner	\			-
				Name of Person			
		<del></del>	<del></del>	Firm/Company			
		<u>3741 NV</u>	V 91 Way	Address			
		Cooper (	City. FL 33024				
	_tim	n@northstars	seafood com	City/State and Zip Code ed for future annual report notific	ation)		
	For furt	her informatio	on concerning this matter, ple	ease call:			
	Joseph	n Milner Nar	ne of Person	954 ) 443-9702 Area Code Daytime Te	lephone Number		
	Enclose	d is a check fo	or the following amount:				
<b>Z</b>	] \$125.00	) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing I Certificate of Standard Copy (additional copy is	atus &	
	ļ	Reg Div P.O	iling Address istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions ter Circle		

ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	254 Sam	gagaar g
The name of the Limited Liability Company is:	N FOR FLORIDA LIMITED LIABILITY COMPANYA SELECTION OF SEL	***
Sweet Meadow Ranch Estates LLC		
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")	Ÿ,
ARTICLE II - Address:	ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	
The mailing address and street address of the prin-		
Principal Office Address:	Mailing Address:	
3741 NW 91 Way	3741 NW 91 Way	
Cooper City, FL 33024	Cooper City, FL 33024	
The name and the Florida street address of the reg		
Joseph Milner	Name	
0744 NIM 04 M/m.		
3741 NW 91 Way Florida street address (P.	.O. Box NOT acceptable)	
Cooper City	FL 33024	
City	Zip	
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov	ccept service of process for the above stated limited liability company y accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performan t the obligations of my position as registered agent as provided for in	s ce

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		<del>-</del>
"MGR" = Manager		K
AMBR	Joseph Milner	
	3741 NW 91 Way	
	Cooper City, FL 33024	
		(A)
<u>AMBR</u>	Zayda Milner	
	3741 NW 91 Way	1 C
	Cooper City, FL 33024	<u> </u>
<del></del>		X.,
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing:	. (OPTIONAL) s days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing:ecific and cannot be more than five busines	. (OPTIONAL) s days prior to or 90
(Use attachment if necessary)  E V: Effective date, if other than the date ective date is listed, the date must be spot filling.)  E VI: Other provisions, if any.	of filing:ecific and cannot be more than five busines	. (OPTIONAL) s days prior to or 90
E V: Effective date, if other than the date extive date is listed, the date must be spot filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five busines	s days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under	mber or an authorized representative of a 5.0203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated	member. n of this document herein are true.
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false inforced	mber or an authorized representative of a 5.0203 (1) (b), Florida Statutes, the execution at the penalties of perjury that the facts stated mation submitted in a document to the Depart vas provided for in s.817.155. F.S.)	member. n of this document herein are true.
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Page 2 of 2