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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2014

TO: Registration Section
Division of Corporations

SUBJECT: Targaryen LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen S. Yochim
Alba & Yochim PA
2700 NW 43rd Street
Ste D

Gainesville, Fl 32606

E-mail address (to be used for future annual report notification):

Karen@mygainesvillelawyer.com

For further information concerning this matter, please call:

Karen S. Yochim at (352) 327-3643

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
TARGARYEN LLC**

ARTICLE I – NAME

The name of the limited liability company is Targaryen LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
504 NW 89th Street
Gainesville, Florida 32607

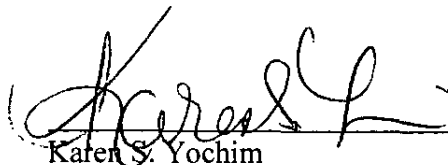
Mailing Address:
504 NW 89th Street
Gainesville, Florida 32607

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Karen S. Yochim
2700 NW 43rd Street
Ste D
Gainesville, Fl 32606

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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.


Karen S. Yochim

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

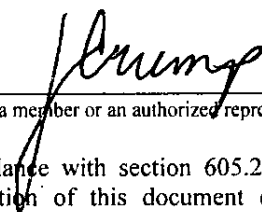
"AMBR" = Authorized Member

Name and Address:

AMBR

Jacqueline Love Crump
504 NW 89th Street
Gainesville, FL 32607

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jacqueline Love Crump

Typed or printed name of signee

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TALLAHASSEE, FLORIDA