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SECRETARY OF STATE
FALLAHASSEE, FLEBRICA

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: <u>LLOYD ELLIS INVESTMENTS L</u> Name of Lit	LC. mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Lloyd D. Ellis JR	Name of Person	
	LLOYD ELLIS INVESTMENTS LLC	C. Firm/Company	
	8014 N Mulberry	Address	
	Tampa, FL 33604	City/State and Zip Code	
عال	ovdellislic@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Lloyd	Ellis at (at (239 <u>400-0666</u> Area Code Daytime Tel	lephone Number
_	ed is a check for the following amount:	_	
\$125.0	10 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & .Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
THE LLOYD ELLIS INVESTMENTS LLC. (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8014 N Mulberry St.	8014 N Mulberry St.
Tampa. FL 33604	Tampa, FL 33604
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own) another business entity with an active Florida registration. The name and the Florida street address of the registered	Registered Agent. You must designate an individual or a.)
Lloyd D. Ellis JR	
Name	
8014 N Mulberry	
Florida street address (P.O. Box	NOT acceptable)
Tampa	FL
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in her 605, F.S
4/6	FALL
Degistered Agent's Signat	No account of the contract of
(CONTINUI	my w yer
Page 1 of 2	OF STATE

<u>Title:</u> "AMBR" = Authorized Mer "MGR" = Manager	mber	Name and Address:	
			···-
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Hee attachment if necessar	d)		
Use attachment if necessar EV: Effective date, if other ctive date is listed, the date is filing.)	than the date of filing:	october 31,2014 (Cannot be more than five business of	OPTIONAL) lays prior to or 9
EV: Effective date, if other ctive date is listed, the dat	than the date of filing: must be specific and y.	October 31, 2014 (Cannot be more than five business of	lays prior to or 9
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ARTICLE IV-