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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: 2016 Harrison Ave RE, LLC Name of Li	mited Liability Company		
The en	sclosed Articles of Organization and fee(s) a	are submitted for filing.		
Please	return all correspondence concerning this n	natter to the following:		
	Kane Morris-Webster	Name of Person		
		Firm/Company		
	2016 Harrison Avenue	Address		
	Orlando, FL 32804	City/State and Zip Code	201 1	T.
,	anemw@gmail.com E-mail address: (to be use	ed for future annual report notification)	DEC 19 JESTARY	
For fur	ther information concerning this matter, ple	ase call:	PM 3: EFLORE	350
<u>Kane</u>	Morris-Webster at (Name of Person	407) 928-8752 Area Code Daytime Telephone Number		
Enclos	ed is a check for the following amount:			
☑ \$125.0	0 Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\int \text{\$155.00 Filing Fee & } \text{\$\$Certificate of Certificate of Certified Copy} \text{\$\$Certified Copy} \text{\$\$(additional copy} \text{\$\$}	of Status &	
	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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
2016 Harrison Ave RE, 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	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2016 Harrison Avenue Orlando, FL 32804	2016 Harrison Avenue Orlando, FL 32804
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 Kane Morris-Webster Name	Registered Agent. You must designate an individual or n.) agent are:
2016 Harrison Avenue	
Florida street address (P.O. Box	NOT acceptable)
Orlando	FL 32804
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	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
Registered Agent's Signal	1-lulit

(CONTINUED)

Page 1 of 2

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EFFECTIVE DATE 0/01/15

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kane Morris-Webster
	2016 Harrison Avenue
	Orlando, FL 32804
	
(Use attachment if necessary)	
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