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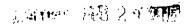
Office Use Only



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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ECT: <u>2105 9</u>	th Ave east LLC. Name of Li	mited Liability Company	
		of Organization and fee(s) a	-	
ricasc	Bemard		Name of Person	- Marie Sarak
	N/A		Firm/Company	
	517 Tan	npico Drive	Address	
	North Po	rt Florida 34287	City/State and Zip Code	
ta	rzansandjain(@aol.com E-mail address: (to be use	ed for future annual report notific	ation)
For fur	ther information	on concerning this matter, ple	ase call:	
Bema	rd Lynch Nar	ne of Person at (603) 520 5341 Area Code Daytime Te	elephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	0 Filing Fee	☑\$130.00 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)
	<u>Ma</u>	iling Address	Street/Courier Add	r <u>ess</u>

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
2105 9th Ave East LLC. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
517 Tampico Drive North Port FL 34287	517 Tampico Drive North Port FL 34287
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered at	tegistered Agent. You must designate an individual or
Bernard Lynch	
Name	
517 Tampico Drive Florida street address (P.O. Box I	NOT acceptable)
North Port	FL 34287
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	rice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	5 FEE

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Bernard Lynch
	517 Tampico Drive
	North Port Florida 34287
(Use attachment if necessary) EV: Effective date, if other than the dective date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 december 200 decemb
EV: Effective date, if other than the dective date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 december 200.
EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any.	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.
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Page 2 of 2