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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Donald Szymanski, LLC	nited Liability Company	
	Nane of En	inted Baomy Company	
The en	closed Articles of Organization and fee(s) as	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Donald Szymanski		
		Name of Person	
	Donald Szymanski, LLC		
		Firm/Company	
	6017 Churchside Drive		
		Address	
	Lithia, Florida 33547		
ai:		City/State and Zip Code	
<u>aj</u>	szymanski@me.com E-mail address: (to be use	d for future annual report notification)	
For fur	ther information concerning this matter, ple	ase call:	
Donal	d Szymanskiat (at (at (813) 777-2314	
	Name of Person	Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	Zer G	
_	OO Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\int \frac{1}{3}\frac{160.00}{160.00} \text{ Filing Fee, } \text{ Certificate of Status & \frac{1}{3}\text{ Certified Copy (additional copy is enclosed)}}	
	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	•

1				
ARTICLES OF ORGANIZATION	NFOR FLORIDA LIMITED LIABILITY COMP.	ANY		
ARTICLE I - Name: The name of the Limited Liability Company is:				
Donald Szymanski, LLC				
(Must end with the words "I	imited Liability Company, "L.L.C.," or "LL	C.")		
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Compan	y is:		
Principal Office Address:	Mailing Address:			
6017 Churchside Drive	6017 Churchside Drive			
Lithia, Florida 33547	Lithia, Florida 33547			
APTICLE III Delical April 14	20°	· · · · · · · · · · · · · · · · · · ·		
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida regi	ts own Registered Agent. You must designat	e an individ	lual or	
The name and the Florida street address of the reg	pstered agent are:			
Donald Szymanski	•			
	Name			
6017 Churchside Drive				
Florida street address (P.	O. Box NOT acceptable)			
Lithia	FL 33547			
City	Zip			
Having been named as registered agent and to ac the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	y accept the appointment as registered agent of visions of all statutes relating to the proper an	a <mark>nd agree</mark> to d complete j	act in perforn	this nance
Jones /	Symbon -	SEUM	15 陆船	
Registered Agent &	nature (REQUIRED)	5 (2). 5/2 5/2 5/2	1 1	27 AMET
(CO)	TINUED)	11,	72	; ;
Pa	ge 1 of 2		5 5	•

Filing Fees:	<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: March 1, 2015 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 dt te of filing.) CLE VI: Other provisions, if any. REOUTRED SIGNATURE: Signature of a member of a wauthorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Donald Szymanski Typed or printed name of signee Filing Fees:	"MGR" = Manager President	Donald Szymanski	
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