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(Re	equestor's Name)	.
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SECRETARY OF STATE
TALL AHASSEF, FLORID

MAR 2 7 2015

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Susanne Wong Name of Person
	Susanne Wong
	Susanne Wong By Sw 158th Terrace
	Address
	Pembroke Pine PC 33021
	Pembrike Pine PL 33027 City/State and Zip Code Wong. SUSANNE I @ amail. Com Enail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Su	Name of Person at (305) 333 9110 Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Susanne Wo	700 11 <i>C</i>
(Must end with the words "Limited L	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:
849 SW 158th Terrace Fembrola Pine, PL 33027	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	
SUSANNE W	ong.
Name	J -545-
83 849 SW	
Florida street address (P.O. Box I	
Pembroke Pine	り _{EL} 33027
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 obliging the chapte. Registered Agent's Signature.	
(CONTINUE	ASE 5
Page 1 of 2	15 MAR I I PH 12: 2' SECRETARY OF STATTALLAHASSEE, FLOR

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGP	Susanne Wong 049 SW 158 TO TEMOCL
	Pembroke Pines, Fc 330
(Use attachment if necessary)	
ctive date is listed, the date must be specific f filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to o
ective date is listed, the date must be specific f filing.) E VI: Other provisions, if any.	e and cannot be more than five business days prior to o
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02) constitutes an aftermation under the	For an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of member (In accordance with section 605.02) constitutes an afternation under the I am aware that any false informatic constitutes a third degree felony as	and cannot be more than five business days prior to our an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.)
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ARTICLE IV-