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Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

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Account Number : FCA000000023

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**Enter the email address for this business entity to be used for iffuture annual report mailings. Enter only one email address please

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FLORIDA LIMITED LIABILITY CO. Philanthropy FL, LLC

	
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Help J. Stevers APR 0'2 2015

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Philanthropy FL, LLC Name of Lim	nited Liability Company	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this may	•	
Abby Schepens	Name of Person	
CT Corporation	Firm/Company	
2875 Michelle Dr., Suite 100	Address	
<u>Irvine, CA 92606</u>	rity/State and Zip Code	
E-mail address: (to be used	d for future unnual report notifica	tion)
Abby Schepens at (S Name of Person		ephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee Status S125.00 Filing Fee Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addr Registration Section Division of Corporat Clifton Building	

Tallahassee, Fl. 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Philanthropy FL, LLC	· · · · · · · · · · · · · · · · · · ·				
(Must end with the w	rds "Limited Liability (ompany, "L.L.C.," or "LI	.C.")		
ARTICLE II - Address: The mailing address and street address of t	e principal office of the	Limited Liability Compa	ıy is:		
Principal Office Address:	<u>Mailin</u>	Address:			
21 King Street, St. Augusting, FL 32084					
ALTERNO MANAGEMENT AND AND A SECOND S		Street, St. Augustine, FI	32084		
	21 Km	Street, St. Augustine, FI	. 32084		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Flor	ered Office, & Registered as its own Registered in registration.)	red Agent's Signature:),jet	ن ا	10 May 6
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of	ered Office, & Registered as its own Registered aregistration.)	ed Agent's Signature: Agent. You must designs),jet		n Viljin
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of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Christina Martin
	225 Stable Road
	Franklin, TN 37064
AMBR	Bridgett Kiethofner
	417 Civ. Hwy. 212
	Scott City, MO 63780
ective date is listed, the date must	te date of filing:
E.V: Effective date, if other than the	ne date of filing:
E.V: Effective date, if other than the ective date is listed, the date must of filing.)	te date of filing:
E V: Effective date, if other than the effective date is listed, the date must of filing.) E VI: Other provisions, it any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days and
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Page 2 of 2