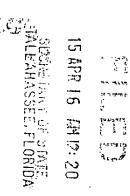
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Holly Tree Holdings, LLC Name of Li	mited Liability Company
The er	aclosed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	R.H. Richards	Name of Person
	Holly Tree Holdings, LLC	Firm/Company .
	8658 Amber Oak Court	Address
	Orlando, FL 32817	City/State and Zip Code
<u>rh</u>	rjr3417@gmail.com E-mail address: (to be use	ed for future annual report notification)
For fur	ther information concerning this matter, ple	ease call:
<u>R.H. F</u>	Name of Person at (at (	407 ) 883-3229 Area Code Daytime Telephone Number
	ed is a check for the following amount:  0 Filing Fee   \$\sum \frac{1}{30.00}\$ Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Holly Tree Holdings, LLC				
(Must end with the words "Limited I	Liability Company, "L.L.C.," o	or "LLC.")	_	
ADTICUE II A Admini				
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Co	mpany is:		
		, ,		
Principal Office Address:	Mailing Address:			
8658 Amber Oak Court	8658 Amber Oak Court			
Orlando, FL 32817	Orlando, FL 32817		_	
			_	
ARTICLE III - Registered Agent, Registered Office, &			<b>.</b>	
The Limited Liability Company cannot serve as its own I mother business entity with an active Florida registration		signate an ind	ividual	or
The name and the Florida street address of the registered a	agent are:			
R.H. Richards				
Name				
8658 Amber Oak Court				
Florida street address (P.O. Box	NOT acceptable)			
Orlando	FL 32817			
City	Zip			
Having been named as registered agent and to accept serv the place designated in this certificate. I hereby accept				
capacity. I further agree to comply with the provisions of	f all statutes relating to the prop	per and comple	ete perj	formance
of my duties, and I am familiar with and accept the obli		ered agent as j	ərovide	d for in
Спарте	er 605, F.S.,			
	2			
Registered Agent's Signatu	TE (REDITIRED)			
Registered Agent Signate	iie (Rizyotkisis)			
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Page 1 of 2		A STATE		
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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	R.H. Richards
- William	TATE MONITORS
(Use attachment if necessary)	
of filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
E VI: Other provisions, if any.	- <del> </del>
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation unde I am aware that any false inforconstitutes a third degree felon	mber or an authorized representative of a member. 5 0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perfury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation unde I am aware that any false inforconstitutes a third degree felon	mber or an authorized representative of a member. 5 0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perfury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
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