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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

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COVER LETTER

SUBJECT: La La Cay lo tta. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Cay lo tta. Name of Person La La Cay lo tta. Firm/Company Address Avenue T. 33578 City/State and Zip Code Cay la Manual A. Lo Manual I. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code State of Person Area Code State of Status Certificate of Status Certificate of Status Mailing Address Street/Convier Address Street/Convier Address Street/Convier Address	TO: Registration Section Division of Corporations		
Please return all correspondence concerning this matter to the following: Carlotta Hall Name of Person Lata Carlo Hz Firm/Company 2036 Kingp Palau W Address RVENTEW TL 33 57 8 City/State and Zip Code Carlamhall And Mother Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Carlificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		hited Liability Company	
Carlotta Hall Name of Person La La Carlottz Firm/Company 2036 Kings Palau W Address RVENTEW TL 33578 City/State and Zip Code Carlamal A Notmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlotta Hall at (727) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	The enclosed Articles of Organization and fee(s) at	re submitted for filing.	
Firm/Company 2036 King Palau W Address RVEMEN FL 33578 City/State and Zip Code Carlamhall A hot-mail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee	Please return all correspondence concerning this m	atter to the following:	
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City/State and Zip Code Carlamhall & Not Mail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: All off at (727) 420-3917 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}} Certificate of Status & Certified Copy (additional copy is enclosed)		Address	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \[\begin{align*} \text{Uo+Lattall} & \text{127} & \text{420-3977} \\ \text{Name of Person} & \text{Area Code} & \text{Daytime Telephone Number} \end{align*} Enclosed is a check for the following amount: \[\begin{align*} \text{\$125.00 Filing Fee} & \text{\$130.00 Filing Fee} & \text{\$Certified Copy} & \$Cert		33578	
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\$125.00 Filing Fee	Name of Person	Area Code Daytime Tel	lephone Number
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Mailing Address Street/Conrier Address		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address	Street/Courier Addi	ress SEC

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 II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registered agent are: Carlo Ha Hall Name 1030 Kings Palace Plorida street address (PO. Box NOT acceptable) Everyley FL 33578 City FL 33578 City Table Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 600 F.S. (CONTINUED) Page 1 of 2	ARTICLE 1 - Name: The name of the Limited Liability Company is:			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 30212 Kings Palau 18 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Laha Carlotta, LLC			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registered agent are: Carlo Ha Hall Name ABOJU Kings Palau Dr Florida street address of the registered agent are: City FL 3357 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, thereby accept the appointment as registered agent and agree to aci in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60A F.S. Registered Agent Signature REDITATION Registered Agent Signature REDITATION Registered Agent Signature REDITATION CONTINUED) Page 1 of 2	ARTICLE II - Address:			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Principal Office Address: Mailing Address:			
Florida street address (PO. Box NOT acceptable) LIVENULW FL 3357 City City Tip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 601 F.S Registered Agent's Signature REQUINED (CONTINUED) Page 1 of 2 AMARCH STATES AH BB 229	2036 Kings Palace Dr. Same Riverney Fiz 33578	<u>—</u>		
Name 2034 Kings Palau DV Florida street address (PO. Box NOT acceptable) LYKYLW FL 3357 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 604 F.S. Registered Agent Signature REQUIRED (CONTINUED) Page 1072 15 APR 15 AH 20 20 20 20 20 20 20 20 20 20 20 20 20	The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ir	ndividual	or	
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager M lo R	Carlata Hall
W G K	2021 Vine Polo Descri
	2036 Kings Palau Dr Kvor
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E V: Effective date, if other than the date ective date is listed, the date must be sport filling.)	
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	mber or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde 1 am aware that any false information.)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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Page 2 of 2