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COVER LETTER -

TO:	Registration Division of	i Section Corporations		
SUBJI	ECT: <u>Sable i</u>	Palm Exploration, LLC	nited Liability Company	
		Name of Lin	med Liabiniy Company	
The en	closed Articles	of Organization and fcc(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Adam A.	Czaya, Esq.	·	
			Name of Person	
	l 0ff	es of Maith D. Taylor D.A.		
	<u>Law Cill</u>	ce of Keith R, Taylor, P.A.	Firm/Company	
	P.O. Box	x 2016		
			Address	
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in	fo@keithtavlo	rlaw com		
	юфконция	E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther informatio	n concerning this matter, ple	ase call:	
Euge	ne Clower		303) 809-4005	
	Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fi	or the following amount:		
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≦125. €	00 Filing Fee	Li\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is dictosed)	(additional copy is enclosed)
		iling Address	Street/Courier Add	ness
	Rep	istration Section	Registration Section	

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

The name of the Limited Liability Company is: Sable Palm Exploration. LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 2915 S. Stonebrook Dr. Homosassa Springs. Fl. 34448 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 another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Keith R. Taylor Name 1143 N. Lyfe Ave. Florida street address (P.O. Box NOT acceptable) Crystal River Fl. 34429 City Zip Having been named as registered agent and to accept service of processor for the above stated limited liability compans the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all agentes relating to the proper and complete performan of my duties, and I am familiar with and accept the obligational of my position as registered agent as provided for Chapter 605 F.S. (CONTINUED) Page 1 of 2	ARTICLE I - Name:		
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Page 1 of 2	/ Registered Agent's :	Signature (REQUIRED)	15 MA
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Title:	Name and Address:	
"AMBR" = Authorized N		
"MGR" = Manager		
AMBR	Eugene D. Clower	
	1325 Diamond Ridge Circle	
	Castle Rock, CO 80108	
		
		
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