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## COVER LETTER

	Registration S Division of Co			٠	
SUBJEC		IAN OF ZEPHYRHILL	S, LLC.		
50120	** *** *******************************	Name of	Limited Liabili	ty Company	<del></del>
The enclo	osed Articles of	Organization and fee(s)	are submitted	for filing.	
Please ret	urn all corresp	ondence concerning this	matter to the fo	ollowing:	
	LARRY BI	LYOU			
	-		Name of	Person	· · · · · · ·
			Firm/Cor	npany	
	2726 WEST	CAMPBELL RD			
			Addre	ss	
	LAKELAN	D FLORIDA 33810			
	DOG2MOM	23@ҮАНОО.СОМ	City/State and	Zip Code	
		E-mail address: (to be us	sed for future ar	nnual report notificati	on)
For further	information co	ncerning this matter, ple	ease call:		
	LARRY BIL		863	8591716	
	Nan	ne of Person	Area Code	Daytime Telephone	e Number
Enclosed	is a check for t	he following amount:			
\$125.001	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	) Filing Fee & d Copy l copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Division P.O. E	ng Address ration Section on of Corporations fox 6327 assee, FL 32314	I I (	Registration Section Division of Corporation Clifton Building 2661 Executive Cente Callahassee, FL 3230	r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	F ZEPHYRHILLS, LLC. and with the words "Limited	Liability Company	/, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and stre	et address of the principal o	ffice of the Limited	Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
2726 WEST CAN	MPBELL RD	272	6 WEST CAMPBELL RD	
LAKELAND FL	A. 33810	LAI	KELAND FLA. 33810	
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its own an active Florida registration	Registered Agent. nn.) I agent are:	You must designate an individual or	
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registered LARRY BILYOU	Registered Agent. on.) I agent are: Name		
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. on.)  I agent are:  Name  BELL RD	You must designate an individual or	
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registered LARRY BILYOU 2726 WEST CAMPI	Registered Agent. on.)  I agent are:  Name  BELL RD	You must designate an individual or	
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registered LARRY BILYOU  2726 WEST CAMPI Florida street address	Registered Agent. on.)  I agent are:  Name  BELL RD s (P.O. Box NOT a	You must designate an individual or	

(CONTINUED)

Page 1 of 2

ON SECRETARY OF STATE

	authorized Member	Name and Address:	
"MGR" = Ma	nager		
AMBR	<del></del>	LARRY BILYOU	
		2726 WEST CAMPBELL RD	
		LAKELAND FLA 33810	
AMBR		LINDA BILYOU	
MAIDIC	<del></del>	2726 WEST CAMPBELL RD	
		LAKELAND FLA 33810	····· - · · · · · · · · · · · · · · · ·
		EMELLINA I LA JOIO	
			· · · · · · · · · · · · · · · · · · ·
	<del></del>		
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(Use attachme	ent if necessary)		
P.V. Effective	e date if other than the date	of filing: <u>5/20/2015</u>	(OPTIONAL)
of filing.) the date inserment's effective	ted in this block does not me date on the Department of the rovisions, if any.	neet the applicable statutory filing requiren	nents, this date will not be
of filing.) the date inserment's effective  E VI: Other particular	ted in this block does not me date on the Department of rovisions, if any.	neet the applicable statutory filing requirem of State's records.	ents, this date will not be
of filing.) the date inser ment's effective E VI: Other pa	ted in this block does not me date on the Department of rovisions, if any.	neet the applicable statutory filing requirem of State's records.	nents, this date will not be
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of filing.) the date inser ment's effective E VI: Other pa	signature of a med (In accordance with section and any false constitutes a third degree constitutes a third degree	state information submitted in a document to the felony as provided for in s.817.155, F.S.)	a member.  xecution of this documen s stated herein are true.
of filing.) the date inserment's effective  E VI: Other particular	ted in this block does not me date on the Department of the covisions, if any.  Signature:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false	state information submitted in a document to the felony as provided for in s.817.155, F.S.)	a member.  xecution of this documen s stated herein are true.
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of filing.) the date inserment's effective E VI: Other participation REQUIRED \$125.00 File \$ 30.00 Cer	signature of a mee (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree LARRY BILYOL ing Fee for Articles of Organical Copy (Optional)	meet the applicable statutory filing requirem of State's records.  But	a member.  xecution of this documen s stated herein are true. e Department of State
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of filing.) the date inserment's effective E VI: Other participation REQUIRED \$125.00 File \$ 30.00 Cer	signature of a mee (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree LARRY BILYOL ing Fee for Articles of Organical Copy (Optional)	meet the applicable statutory filing requirem of State's records.  But	a member.  xecution of this documen s stated herein are true. e Department of State

ARTICLE IV-