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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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EALLAHASSEE FLORIDA

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COVER LETTER

то:	Registration Division of C	Section Corporations								
SUBJE	ECT:	Dinam	iore No		_دد			_		
		ľ	Name of Lin	nited Liab	ility Compa	ny				
The en	closed Articles	of Organization a	and fee(s) are	e submitte	d for filing.					
Please	return all corre	spondence concer	ning this ma	itter to the	following:					
			Bryan	Name o	od f Person				_	
				Firm/C	ompany				_	
			471 72	>~Ibrook	Dr					
					ress				_	
			51. .	- .	\ E1 -a					
			<u> </u>	ity/State a	N. FL 3 nd Zip Cod	<i><u>2003</u></i> e		·	-	
		Diasmos	K-Narwood	U.C 6 -	mai l. con	^				
	. <u> </u>	E-mail address:	(to be used	for future	annual repo	ort notificati	on)	T		
For furth	er information	concerning this m	atter, please	call:					2015 HAY	
		Norwood	at (904) 742	-2486		SS	5	1700.00
	¹Na	ame of Person	Aı	rea Code	Daytim	e Telephon	e Number	표 다.		T
Enclose	ed is a check fo	r the following an	nount:					130.1 141.5	PH 3: (A more
\$125.0	0 Filing Fee	\$130.00 Filin Certificate o		Certi	00 Filing F fied Copy nal copy is		\$160.00 F Certificate Certified ((additional c	of Status Copy		
	Regi Divi P.O.	ling Address istration Section ision of Corporation Box 6327 ahassee, FL 32314			Division of Clifton Bu 2661 Exec	on Section of Corporati	er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,	with the words "Limited I	Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limi	ted Liability Company is:		
<u>Principa</u>	al Office Address:		Mailing Add	ress:	
471 Baybea	ok Dr		471 Baybrook Dr		
Fleming laten	d, FL 32003		Fleming Island, FL	31.003	
The name and the Florida street a	address of the registered a	Nerwood Name		2015 MAY	9800 1000 1000 1000 1000 1000
	471 Baylor	rook Dr		SSE SSE I J	1
	Florida street address	rook Dr (P.O. Box <u>NO</u>	T acceptable)	ET -	
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)	PH EE FI	
	Florida street address of City	(P.O. Box NO	T acceptable) 32003 Zip	ET -	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
_AMBR	Britan Nocward 471 Buttook Dr	-
	Fleming Island, FL 32003	
AMBR	Jordan Dinsmore	
·	Charlotte, NC 28214	-
		-
		-
		•
		_
		-
(Use attachment if necessary)		-
•	of filing: (OPTIONAL)	-
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9	- 0 days aft
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not a	eet the applicable statutory filing requirements, this date will no	ot be listed
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)