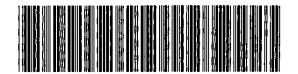
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COVER LETTER

TO:	Registration Division of C	i Section Corporations	
CUDI	ECT.	Pa	arr & Co. LLC.
SUBJ	ECT:	Name of L	imited Liability Company
The er	nclosed Articles	of Organization and fee(s)	are submitted for filing.
Please	return all corre	spondence concerning this	matter to the following:
		Branc	don Alexander Parr
			Name of Person
			Parr & Co. LLC.
			Firm/Company
		580	8 SW 34th Street
			Address
		1	Miami, FL 33155
			City/State and Zip Code
_			rr22593@ufl.edu
		•	sed for future annual report notification)
For fu	rther informatio	n concerning this matter, pl	ease call:
Bra	andon Ale	exander Parr at	786) 473-3639
	Nar	ne of Person	Area Code Daytime Telephone Number
Enclos	sed is a check fo	or the following amount:	
□\$125	.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	iling Address distration Section ision of Corporations b. Box 6327 lahassee, 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

Parr & Co.	LLC.				
(Must end with the words "Limited	l Liability C	ompany, "L.L.C.," or "	LLC.")	•	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the	Limited Liability Comp	pany is:		
Principal Office Address:	<u>Mailing</u>	Address:			
5808 SW 34th Street	5808 SW 34th Street				
Miami, FL 33155		Miami, FL 3315	5		
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	ı Registered	ed Agent's Signature: Agent. You must desig	nate an indivi	idual for	ederen disagn in in Managada en En Jagge
The name and the Florida street address of the registered	d agent are:		[7]		ti.
Brandon			50		4
Name 5808 SW 3	-	oot		CH E.S	A more
Florida street address (P.O. Bo			5	ಾ	
Miami					
City	FL	33155 Zip			
Having been named as registered agent and to accept see the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap Registered Agent's Signa	ot the appoint of all statute of all statute oligations of oter 605, F.S	ntment as registered age es relating to the proper my position as registero	nt and agree to and complete	to act in perfori	this mance

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Brandon Alexander Parr	
	5808 SW 34th Street	
	Miami, FL 33166	
AMBR	Curtis Mackay Chavoustie	
	7401 SW 53rd Ct	
	Miami, FL 33143	
		<u></u>

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(Use attachment if necessary)	77.000	(20
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