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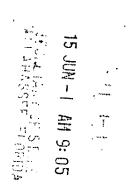
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: R	Registration Section Division of Corporations				
SUD IECT	EZBird LLC				
SUBJECT		Name of Limi	ted Liabil	ty Company	
The enclos	sed Articles of Organization	and fee(s) are	submitted	for filing.	
Please retu	ırn all correspondence conce	rning this matt	er to the f	ollowing:	
	Michael Peters				
			Name of	Person	······································
			Firm/Co	npany	
	305 SE 24th St				
			Addr	ess	
	Cape Coral / Florida 3399	0			
		Cit	y/State and	l Zip Code	
	migpete68@gmail.com				
	E-mail address	: (to be used for	or future a	nnual report notificati	ion)
For further i	nformation concerning this	natter, please o	all:		
	Michael Peters	239 at (6726078	
	Name of Person			Daytime Telephon	
Enclosed is	s a check for the following a	mount:			
\$125.00 F		ing Fee & of Status	Certific	0 Filing Fee & ed Copy Il copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section			Street Address Registration Section	

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

e name of the Limited Liability Company is:		P° ca	
		_(*)	5
EZBird LLC		Ber july	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	200 J	ته. ا
		J.	
	of the Limited Liability Company is:	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	
	of the Limited Liability Company is: <u>Mailing Address</u> :	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	ب
e mailing address and street address of the principal office	, ,	المراجع ويسا	ئز
	Mailing Address:	ONO FE	AH Y: US

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:

Michael Peters		
	Name	
305 SE 24th St		
Florida street addres	ss (P.O. Box NOT acc	eptable)
Cape Coral	Florida	33990
City	State	7in

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 605, F.S..

Registe et Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:		U
"AMBR" = Authorized Member		< -	C
"MGR" = Manager		**************************************	1
AMBR	Michael Peters	15-1	1
	305 SE 24th St	72 72	
	Cape Coral, Florida 33990	##1 = 1 ##1	1.0
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ARTICLE IV-