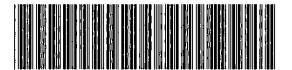
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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> SECRETARY OF STAFE VALLAHASSEE, FLORID,

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Leilani Meadows Hanch LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Day
Name of Person
Firm/Company
8824 Sw Sundown Creek Rd
Address
Greenville, Florida 32331
City/State and Zin Code
day maria 67@ yahoo. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Day at 352 359, 2647

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filling 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)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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: 324 Sw Syndown Creek Rd reenville, Fl. 32331 **Mailing Address:**

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:

8824 Sw Sundown Creck Rd. Florida street address (P.O. Box NOT acceptable)

Greenville Florida 32331

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Maria Day
111120	8824 Sw Sundown Creekted
00.00	Green ville, Fl 32331
11/6K	2824 SU Shadowh Creek Rd
	Greenville, Fl. 32331
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