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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TB Reid Investments LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JoEllyn Graham Name of Person
Firm/Company
330 Towhee Rd Address
Winter Haven F1 33881 City/State and Zip Code JBReid Invest@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JoEllyn Graham at (863) 514-9708 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \$160.00 Filing Fee, \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
TB Reid Investments LLC (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: Mailing Address: 330 Touchee Rd 330 Touchee Rd
Principal Office Address: Mailing Address:
330 Towhee Rd Worter Haven, FL 33881 Wonter Haven, FL 33881
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:
Joellyn Graham Name 330 Townee Rd
230 To whee Rd
Florida street address (P.O. Box NOT acceptable)
Winter Haven, FL 33881 City State Zip
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
Dele le
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JoEllyn Graham 57 330 TolpheeRd 5
AMBR	Dennis Graham 330 Towhee Rd Winter Haven, Fr. 3388F
	
e date of filing.)	be specific and cannot be more than five business days prior to or 90 days afte
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does e document's effective date on the Departre RTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does to document's effective date on the Departre RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does e document's effective date on the Departrective date on the Departrective date. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not be listed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)