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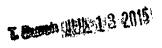
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tom HARRIS ENTEPRISES, 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:
TOM HARRIS
Name of Person
TOM HARRIS ENTERPRISES
Firm/Company
402 THISTLEDOWN WAY Address
Address
THE VILLAGES, FLORIDA 32162 City/State and Zip Code
JPECK @ GTUZ @ AOL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:			
	ARRIS ENTERPRI			<del></del>
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of th	he Limited Liabili	ty Company is:	
Principa	al Office Address:		Mailing Addr	ess:
402 THISTLE THE VILLAG	ES, FL 32162	402 THE	THISTLEDOW VILLAGES , F	IN WAY =L 32162
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Register			lividual or
The name and the Florida street a	address of the registered agent and the registered agent and the registered agent and the registered agent are registered agent and registered agent are registered agent a			TATELANA
	402 THISTLEDOU			3382 W. C. D.
	Florida street address (P.O. B		le)	OF STATE
	THE VILLAGES.	FL 3	32162	
	THE VILLAGES, City Sta	ite	Zip	≥ CO
daving been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appointment of ovisions of all statutes relating to ligations of my position as registe	as registered agen the proper and co	t and agree to act i mplete performanc ded for in Chapter	in this capacity. I se of my duties, and I

Page 1 of 2

(CONTINUED)

Title:	dient i 18 de la	Name and Address:
"AMBR" = A	uthorized Member	
<b>€</b>		TOM HARRIS
"MGI	₹•	402 THISTLEDOWN WAY
		THE VILLAGES, FL 32162
	<del></del>	
	<u> </u>	
		100 <b>D</b>
		The state of the s
LEV: Effective	nt if necessary) date, if other than the sisted, the date must be	date of filing: <u>July 7, 2015</u> . (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
LE V: Effective fective date is li of filing.)  f the date insert	date, if other than the isted, the date must be	date of filing: July 7, 2015 (OPTIONAL)
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