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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT. Dizabeth Bartel - Passell LMT. 11.6
SUBJECT: QiZabeth Bartel - Cassels, LMT, 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:
Birabeth L. Bartet Cassels Name of Person
Bizubeth Bartel-Cusell, LMT, UC Firm/Company
8274 Charrington Forest Birch. Address
Tullahusse, fl. 37312 City/State and Zip Code befsubarteleassels egmail.com E-man address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beky Burlet Casicu at (850) 322.9005 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \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 AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	<u>xtn Barkel-Cussel</u> th the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	ress of the principal office of t	he Limited Liability Company is:		
<u>Principal</u>	Office Address:	Mailing Address:		
1427 market st Tallananic, Fi	<u>#3</u> 3331み	5274 Charrington Forest BIVd. Talla husse, 42 32312		
ARTICLE III - Registered Agent (The Limited Liability Company canother business entity with an act	annot serve as its own Register	stered Agent's Signature: red Agent. You must designate an individual or		
(The Limited Liability Company ca	annot serve as its own Register ive Florida registration.)	red Agent. You must designate an individual or	15	523
(The Limited Liability Company ca another business entity with an act	annot serve as its own Register ive Florida registration.) dress of the registered agent ar	red Agent. You must designate an individual or re:	15 AUG	
(The Limited Liability Company ca another business entity with an act	annot serve as its own Register ive Florida registration.)	red Agent. You must designate an individual or re:	15 AUG -3	
(The Limited Liability Company ca another business entity with an act	annot serve as its own Register ive Florida registration.) dress of the registered agent ar Dirukty Burke	red Agent. You must designate an individual or re:	ł	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	uthorized Mossbar	Name and Address:
"MGR" = Ma	uthorized Member mager	Blizabeth Bancl-Cassels
Mbk		8274 Chamnston Forest Blug.
		Tullahasire, FL 32312
	· · · · · · · · · · · · · · · · · · ·	
LEV: Effectiv	ent if necessary) e date, if other than the date listed, the date must be spe	of filing: 8-3-2015 (OPTIONAL)
LE V: Effective date is e of filing.) If the date inse	e date, if other than the date listed, the date must be spe	cific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LE V: Effective frective date is e of filing.) If the date insecument's effective	e date, if other than the date listed, the date must be spetted in this block does not m	cific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LE V: Effective date is e of filing.) If the date inserument's effective date in the date	e date, if other than the date listed, the date must be spected in this block does not make the date on the Department of the rovisions, if any.	cific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
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LEV: Effective date is e of filing.) If the date inserument's effective CLE VI: Other p	e date, if other than the date listed, the date must be specified in this block does not move date on the Department of rovisions, if any. SIGNATURE: Signature of a me (In accordance with sections an affirmation I am aware that any false)	cific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LEV: Effective date is e of filing.) If the date inserument's effective CLE VI: Other p	e date, if other than the date listed, the date must be spected in this block does not make the date on the Department of the constitutes an affirmation I am aware that any false constitutes a third degree	mber or an authorized representative of a member. Ion 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true.