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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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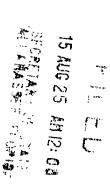
COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ct: <u>Little Darling</u>	Propert	ies, LLC
000,0	Nameo	Limited Liabi	lity Company
The end	closed Articles of Organization and fee(s) are submitted	l for filing.
Please r	return all correspondence concerning this	matter to the	following:
	Phillip Kaisharis		
		Name of	Person
		Firm/Co	ompany
	9767 Carbondale Dr. E		
		~~~	
		Addı	ress
	Jacksonville, FL 32208		
	littledarlingproperties@gmail.com	City/State ar	nd Zip Code
	E-mail address: (to be u	sed for future	annual report notification)
For further	er information concerning this matter, ple	ease call:	
	Phillip Kaisharis	936	581-3631
	at Name of Person	Area Code	Daytime Telephone Number
	Name of Felson	ruca couc	Dayune Telephole Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	EI-Name:				
The name	of the Limited Liabilit	ty Company is:			
		Liffle D	Parling Pro	perties, L	LC
	(Must end	with the words "Limited	d Liability Compar	ny, "L.L.C.," or "LL	C.")
	E II - Address: ng address and street a	ddress of the principal o	office of the Limite	ed Liability Company	y is:
	<u>Princip</u>	al Office Address:		<u>Mailing</u>	Address:
	9767 Carbondale Dr.	. <b>E</b>			
	Jacksonville, FL 322				· · · · · · · · · · · · · · · · · · ·
	·	active Florida registration			
		Phillip Kaisharis	Name		<del></del>
		9767 Carbondale Dr			
		Florida street addres	is (P.O. Box <u>NOT</u>	•	
		Jacksonville	FL	3220F	<u>3</u> 2208
		City	State	Zip	
place desig further agre	nated in this certificate, se to comply with the pr	I hereby accept the approvisions of all statutes rolligations of my position	ointment as registe elating to the prope as registered agen	ered agent and agree er and complete perf	ed liability company at the to act in this capacity. I ormance of my duties, and thapter 605, F.S
			(CONTINUED	)	

Page 1 of 2



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DUNC TO CLOSE
MGR	Phillip Kaisharis
	9767 Carbondale Dr. E Jacksonville, FL 32208
	Jacksonville, PL 32208
<del></del>	
** *	
••	(ODETO) (ALL)
ective date is listed, the date must be specific as f filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of filing ctive date is listed, the date must be specific as filing.)	nd cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will no
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as

The name and address of each person authorized to manage and control the Limited Liability Company:

Page 2 of 2