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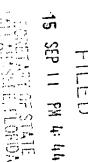
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Drehmer Holdings, LLC	
SOBOL		imited Liability Company
The enc	losed Articles of Organization and fee(s)	are submitted for filing.
Please re	eturn all correspondence concerning this r	matter to the following:
	Ted A. Lasseigne	
		Name of Person
	Ted A. Lasseigne, P.A.	
		Firm/Company .
	P.O. Box 2238	
		Address
	Haines City, FL 33845	
		City/State and Zip Code
	ZHD@verizon.net	
For furthe	E-mail address: (to be use r information concerning this matter, plea	ed for future annual report notification)
i or raitine		ise can.
	Ted A. Lasseigneat (	863 422-2216
	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
\$125.00	Filing Fee \$\ \tag{Status}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$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

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ARTICLE I - Name:				FILED
The name of the Limited Liabili	ty Company is:			
				15 SEP 11 PM 4: 44
Drehmer Holdings,				
(Must end	with the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")	SEUNETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal of	office of the Lim	ited Liability Company is:	,
<u>Princip</u>	al Office Address:		Mailing Add	lress:
821 N. Lake Eloise	Drive	{	321 N. Lake Eloise Drive	
Winter Haven, FL	33884		Winter Haven, FL 33884	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its owr	n Registered Age		ndividual or
The name and the Florida street	address of the registere	d agent are:		
	Melissa I. Drehmer			
		Name	· • •	
	821 N. Lake Eloise I	Drive		
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	
	Winter Haven	FL	33884	·
	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..

Melissa I. Drehmer

(CONTINUED)

<u>Title:</u> "AMBR" = A	Name and Address: athorized Member	
"MGR" = Ma	nager	
MGR	Melissa I. Drehmer 821 N. Lake Eloise Drive	
	Winter Haven, FL 33884	
AMBR	Zachariah H. Drehmer	
	821 N. Lake Eloise Drive Winter Haven, FL 33884	
	winter Haven, FL 33884	
<del></del>		
TICLE V: Effective an effective date is	date, if other than the date of filing:, (OPTIONAL) sted, the date must be specific and cannot be more than five business days prior to or 90	days af
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SPEILARY STATE

5 SEP II PH 4: 44