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





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COVER LETTER

TO: Registration S Division of Co		,	
SUBJECT: No 1	Your Avera Name of Lin	nge Developers Mitted Liability Company	ILC
The enclosed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please return all correspondent	ondence concerning this ma	atter to the following:	
Au	anna Dysh	ai Butler	
		Name of Person	
		Firm/Company	
124	1 Vizcaya Lak	es Rd Apt 203	
		Address	
	Ocoee, F	City/State and Zip Code Segmail. Com for future annual report notificat	
	L-mail address: (to be used	Segmail. Com	ion)
For further information co	ncerning this matter, pleas	e call:	
Hyanna , Nan	Dyshai Butler at (407) 230-102 rea Code Daytime Telephon	5 e Number
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Not Your Average De (Must end with the words "Lamited Liabil	ity Company, "L.L.C.," or "LLC.")
	on company, manes, at most ,
RTICLE II - Address: the mailing address and street address of the principal office or	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1241 Vizcaya Lakes Rd Rot 303	1241 Vizcaya Lakes Rd Apt 203
Ocoee, FL 34761	Ococe, FL 39761
RTICLE III - Registered Agent, Registered Office, & Reg he Limited Liability Company cannot serve as its own Regist	
RTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registrother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	ered Agent. You must designate an individual or
he Limited Liability Company cannot serve as its own Regist other business entity with an active Florida registration.)	ered Agent. You must designate an individual or
he Limited Liability Company cannot serve as its own Regist other business entity with an active Florida registration.)	are: Shai Butler Cakes Rd Apt 203

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager AMBR	Ayanna Dysha; Butler 1241 Vizraya Lakes Rd Apt 203 Ocoec. FL 34761
AMBR	Brice Alexander Culbreth
	Orlando, FL 32818°
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) le date inserted in this block does not me	of filing: <u>January 1, 2016</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not of State's records
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) the date inserted in this block does not ment's effective date on the Department of	eet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) ne date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not f State's records.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of the Country of the date provisions, if any.	eet the applicable statutory filing requirements, this date will not f State's records.
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. SEQUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
filing.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the Department of the De	eet the applicable statutory filing requirements, this date will not if State's records. State's records. The state of a member or an authorized representative of a member. End in accordance with section 605.0203 (1) (b), Florida Statutes.