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Special Instructions to	Filing Officer:	
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Office Use Only

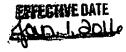


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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	LATOUR 1706 LLC				
Name of Limited Liability Company					
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.		
Please retur	n all correspondence concerning this	matter to the fe	ollowing:		
	MARIA F	UVERA			
		Name of	Person		
		Firm/Co	npany		
	1404 CRESTED HERON COUR	Γ			
		Addre	ess		
	SAINT AUGUSTINE, FL 32092				
•	RIVERAMARIA14@YAHOO.C	City/State and OM	l Zip Code		
_	E-mail address: (to be us	ed for future as	nnual report notification)		
For further in	formation concerning this matter, ple	ase call:			
_	MARIA RIVERA	904	207-2789		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
/ \$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	└─ Certifie	O Filing Fee & \$160.00 Filing Fee, d Copy 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.

SECRETARY OF STATE TALLAHASSEE, F. ORIDA

15 OCT -9 PM 2: 29

ARTICLE I - Name:	A Common Maria
The name of the Limited Liability Company is:	.15 OCT -
LATOUR 1706 LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t Principal Office Address:	he Limited Liability Company is: Mailing Address:
1404 CRESTED HERON COURT	1404 CRESTED HERON COURT
SAINT AUGUSTINE, FL 32092	SAINT AUGUSTINE, FL 32092
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signature: red Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

MARIA RIVERA		
N	ame	
1404 CRESTED HE	ERON COURT	
Florida street address (P	.O. Box <u>NOT</u>	acceptable)
SAINT AUGUSTINE	FL	32092
City	State	7in

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

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR MARIA RIVERA 1404 CRESTED HERON COURT SAINT AGUSTINE, FL 32092 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/1/2016 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MARIA RIVERA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)