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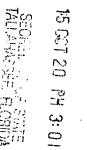
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OCT 20 2015 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>AUAH Developers And Investments</u> , UC 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:
Michael JONES Name of Person
PUBIT Developers Ambus And Investments LL
2305 Milleagn Center Blud Address
Tallahassee Fl. 32309 Apt 173 City/State and Ziz Code Alpha 3 dom 6 aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milie Johnes at 352 219-7195 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

Principal Office Address:	Mailing Addre
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Must end with the words "Limited Liability Company	cnts, LLC, "or "LLC.")
The name of the Limited Liability Company is:	

-7-F1-10-7-3	PPT D/3
ARTICLE III - Registered Agent, Registered Office, & I	Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Re	
another business entity with an active Florida registration.)	

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

2305 Killcarn ct 13400

Mile ?	TONES	
]	Name	•
2305 Killer	m cf Bl	ud Tall
Florida street address (P.O. Box <u>NO</u>	🗜 acceptable)
Tallahusser	Flo	32309
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited iiability 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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
·MGR	MAIN and JUNE 2205 Billower.
	MIThur TUNES 2305 Killcarn. CABILD TURAL SUFF PI, 32309
AMBR	Bpt 023
AMBR	VerHelle S, JONES 1515
	S.E 15# AVE balpesuille Ft
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(Una attachment if war arrow)	,
(Use attachment if necessary) CLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as
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CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not comment's effective date on the Department of t	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. The member of an authorized representative of a member. Secuted in accordance with section 605,0203 (1) (b), Florida Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-