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SECRETY OF STATE TALLAH ASSET, FLORIDA

NOV - 6 2015

T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ED wards consnection LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Richard m Edwards Name of Person
Firm/Company
1318 Pat THOMAS PRKY
Quincy Fl. 3235/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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) \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
Eduras	ords "Limited Liability Company, "L.L.C.," or "L.L.C.")
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1318 Part THORAS PKLLY	Same
Quiace Fl 71351	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rild m Foliards

Name

13/8 Par Thoracs Phary

Florida street address (P.O. Box NOT acceptable)

Deiary Florida State Zip

Having been named as registered agent and to accept sorvice of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes reading 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

15 HOV -6 PH 2: 18
SECREDE STATE
TALLAHARES OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Richard M Edwards 1318 pat THOMAS PHLY QUIRCY Fl. 32351
-	
CLE V: Effective date, if other than the date effective date is listed, the date must be spe of filing.) If the date inserted in this block does not the	neet the applicable statutory filing requirements, this date will not be listed
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ARTICLE IV-