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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	SimplyOrganizedbySuzann				
SUBJECT.	Name	of	Limited Liabil	ity Company	
The enclose	d Articles of Organization and fo	æ(s)) are submitted	for filing.	
Please retur	n all correspondence concerning	this	matter to the f	ollowing:	
	Patrice Suzann Brown				
			Name of	Person	
	SimplyOrganizedbySuzann				
			Firm/Co	mpany	
	2361 Flamingo Way				
			Addr	ess	
	Winter Park, Fl 32792				
•			City/State and	d Zip Code	· · · · · · · · · · · · · · · · · · ·
<u>j</u>	ules091@me.com				
	E-mail address: (to b	e us	sed for future a	nnual report notificati	on)
For further in	formation concerning this matter	, ple	ease call:		
İ	Patrice Brown	at	321	948-0812	
-	Name of Person	_	\ 	Daytime Telephone	Number
Enclosed is	a check for the following amoun	t:	,		
\$125.00 Fil	ing Fee \$130.00 Filing Fe Certificate of Sta	e & tus	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section			Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ed by Suzann "L.L.C."	inhilite. Communi	"I I C " "I I C "	• •
(Must	end with the words "Limited Li	nability Company	, "L.L.C.," or "LLC.")	
ICLE II - Address:				:
ailing address and str	eet address of the principal offic	ce of the Limited	Liability Company is:	اران در در
Pri	ncipal Office Address:		Mailing Address:	
				ــد. مام
2361 Flamingo		same	e as principal address	
Limited Liability Comer business entity with	I Agent, Registered Office, &	egistered Agent. ')	nt's Signature: You must designate an individua	al or
ICLE III - Registered Limited Liability Com er business entity with	I Agent, Registered Office, & pany cannot serve as its own Ren an active Florida registration.) reet address of the registered ag	egistered Agent. ')		
ICLE III - Registered Limited Liability Com er business entity with	I Agent, Registered Office, & pany cannot serve as its own Ren an active Florida registration.) reet address of the registered ag	egistered Agent. ')		
ICLE III - Registered Limited Liability Com er business entity with	I Agent, Registered Office, & pany cannot serve as its own Ren an active Florida registration.) reet address of the registered ag	egistered Agent. `) gent are:		
ICLE III - Registered Limited Liability Com er business entity with	Agent, Registered Office, & pany cannot serve as its own Ren an active Florida registration.) reet address of the registered agentation. Patrice Suzann Brown	egistered Agent. \) gent are:	You must designate an individua	
ICLE III - Registered Limited Liability Com er business entity with	I Agent, Registered Office, & pany cannot serve as its own Ren an active Florida registration.) reet address of the registered agentarice Suzann Brown N 2361 Flamingo Way	egistered Agent. \) gent are:	You must designate an individua	

(CONTINUED)

Padrice Schan Brown
Registered Agent's Signature (REQUIRED)

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 Patrice Suzann Brown 2361 Flamingo Way Winter Park, Fl 32792 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

REQUIRED 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.

Patrice Suzann Brown

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)