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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alex B	me of Birmited Liability Company
The enclosed Articles of Organization and	I fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Alex Be	2_((
, ,	Name of Person
	Firm/Company
124360	mancheLane
Talla +	K/a 32304
	City/State and Zip Code
E-mail address: (t	o be used for future annual reportotification)
For further information concerning this mat	ter, please call;
Name of Person	at () Area Code Daytime Tot sphere Number
Enclosed is a check for the following amo	unt.
\$125.00 Filing Fee \$130.00 Filing Certificate of \$	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
<u>Mailing Address</u>	Street Address

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 CRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1283 Comanchel en a

Tallanassee

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:

1783 camanchelanc Florida street address (P.O. Box NOT acceptable)

Talla Fla 32304

Having been named as registered agent and to accept service of proceed for the above stated limited liability company at the place dissignated 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 recurring to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as veristere is gent as provided for in Chapter 605, F.S..

alex Delle

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	Title: "AMBR" = Au "MGR" = Man	thorized Member	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		R	Alex Mell 1283 Comanchelar Talla Fio 32300
CLE V: Effective date, if other than the date of filing:			
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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 of the Department of State Filing Fees:	<u> </u>		
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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. ALLY Bell Typed or printed name of signce Filing Fees:	ffective date is lis e of filing.)	sted, the date must be spe	ecific and cannot be more than five business days prior to or 90 days a
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ARTICLE IV-