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(Re	equestor's Name)	····
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PICK-UP	WAIT '	MAIL
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MAR 1 7 2016 T. BROWN

COVER LETTER

js.	то:	Registration Section Division of Corporations	
	SUBJE	CT: Your	GO TEN LLC of Limited Liability Company
	The enc	closed Articles of Organization and f	ee(s) are submitted for filing.
	Please r	eturn all correspondence concerning	this matter to the following:
		PAULA LI	Name of Person
		<u> </u>	GOTEN LLC Firm/Company
		20031 RO	OKERY DRIVE
		PLWYES	City/State and Zip Code
	For furthe	er information concerning this matte	, please call:
		Paulahill Wray Name of Person	at (203) 770-6676 Area Code Daytime Telephone Number
L	7 \$125.00	d is a check for the following amour Filing Fee \$130.00 Filing For Certificate of Sta	ee & \$155.00 Filing Fee & \$160.00 Filing Fee,
		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	FILE
ARTICLE I - Name: The name of the Limited Liability Company is:	2016 MAR _ 7
YO GO TEN LLC	TALLAHAST OF 1:38
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SEE, FLORISE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	'W/:

Principal Office Address:	Mailing Address:
20031 ROOKERY Drive	same
ESTERO, FL 33 928	

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:

Paula Lill Wray

Name

20031 ROOKERY Drive

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

ESTERO Et 33928

City State Zip

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Aut	horized Member	Name and Address:
"MGR" = Mana		5 1 111 1 60
_Am F	3R	Faula Lill Wray
		20031 ROOKERY ODrive
		woken .
ective date is lis of filing.)	date, if other than the date of fi ted, the date must be specific	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 da
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