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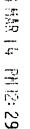


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MAR 2 2/2016 S. GILSERT







COVER LETTER

10.	Division of Corporations				
ĈIID IE	PIED À TERRE HOLDINGS, LL	С			
SUDJE	Name of	Limited Liabilit	y Company	_	
The en	closed Articles of Organization and fee(s)	are submitted t	for filing.		
Please	return all correspondence concerning this	matter to the fo	llowing:		
	Amy M. Edwards				
	Name of Person				
	PIED À TERRE HOLDINGS, LLC				
	Firm/Company				
	7158 Majestic Boulevard				
	Address				
	Navarre, FL 32566				
	amyedwards978@gmail.com	City/State and	Zip Code		
	E-mail address: (to be us	sed for future an	nual report notification)		
For furth	er information concerning this matter, ple	ase call:			
	Amy M. Edwards	917	570-1002		
	Name of Person	() Area Code	Daytime Telephone Number	_	
Enclose	ed is a check for the following amount:				
] \$125.0	0 Filing Fee \$\frac{130.00 Filing Fee & Certificate of Status}	Certifie	d Copy Certificate copy is enclosed) Certified (e of Status &	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C	Itreet Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must of ARTICLE II - Address: The mailing address and stre			y, "L.L.C.," or "LLC.")	AR 14 PM 12: 2
<u>Prir</u>	<u>Principal Office Address</u> : 7158 Majestic Boulevard		Mailing Address: 7158 Majestic Boulevard	
Navarre, 32566		Nav	varre, 32566	
	Amy M. Edwards Name 7158 Majestic Boulevard Florida street address (P.O. Box			
			acceptable)	
	r fortua street addres			
	Navarre	FL	32566	
		FL State	32566 Zip	

Page 1 of 2

Title: "AMBR" = Authorize	ed Member	Name and Address: Amy M. Edwards 7158 Majestic Boulevard		
"MGR" = Manager AMBR				
	_			
		Navarre, FL 32566		
	_			
	_			
	_			
(Use attachment if neo	cessary)			
(If an effective date is listed, th the date of filing.)	ie date must be specific a	ng: APRIL 1, 2016 (OPTIONAL) and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as e's records.		
ARTICLE VI: Other provisions	s, if any.			
REOUIRED SIGNA	TURE:	zy		
This o	locument is executed in a ware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.		
	AMY M. EDWARDS			
	Type	ed 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)