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COVER LETTER

TO: I	tegistration Section Division of Corporations	
SUBJEC*	Allison Aubuchon Communications, LLC	
SCHOLE	Name of Limited Liability Company	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please reti	arn all correspondence concerning this matter to the following:	
	Allison F. Aubuchon	
	Name of Person	
	Firm/Company	
	3336 Charleston Road	
	Address	
	Tallahassee, Florida 32309	
	City/State and Zip Code allison.aubuchon@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Allison Aubuchon 850 766-5255 at (
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address 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 ORGANIZATION

OF

ALLISON AUBUCHON COMMUNICATIONS, LLC

Article I

The name of the Limited Liability Company is Allison Aubuchon Communications, LLC (hereinafter referred to as the "Limited Liability Company").

Article II

The mailing address of the Limited Liability Company is:

3336 Charleston Road Tallahassee, Florida 32309

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

3336 Charleston Road Tallahassee, Florida 32309

Article III

The name and Florida street address of the register agent is:

Allison F. Aubuchon

3336 Charleston Road

Tallahassee, Florida 32309



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.

allison F. Aubuchen

Article IV

The name and address of the persons authorized to manage the Limited Liability Company are as follows:

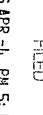
AMBR

Allison F. Aubuchon

3336 Charleston Road

Tallahassee, Florida 32309





Article V

The effective date of the Company shall be April 1, 2016.

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the

penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.

allison F. Aubuchon

16 APR -4 PH 5: 11