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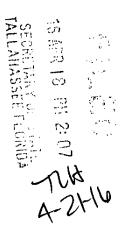
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Our First LLC	
БОВ		of Limited Liability Company
The en	sclosed Articles of Organization and fee((s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the following:
	Kate Pollmann	
		Name of Person
	Seibel & Falkner, LLP	
		Firm/Company
	2060 N. Humboldt Avenue, Suite	225
		Address
	Milwaukee, WI 53212	
	kpollmann@seibelfalkner.com	City/State and Zip Code
		used for future annual report notification)
For furtl	ner information concerning this matter, p	please call:
	Kate Pollmann	414 372-0229 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
\$125.0	00 Filing Fee \$130.00 Filing Fee Certificate of Status	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:			
Our First LLC	ith the words "Limited	I Lighility Company	y, "L.L.C.," or "LLC.")	
(IVIUSI CIId W	in the words Emine	i Liaomity Company	, L.L.C., or LLC.	
ARTICLE II - Address: The mailing address and street add	dress of the principal c	office of the Limited	Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address	•
6350 Burnham Road) Burnam Road	
Naples, FL 34119		Nap	les, FL 34119	
The name and the Florida street as	John Ansay	Name		
	6350 Burnham Road			
	Florida street addres	ss (P.O. Box NOT a	cceptable)	
	Naples	FL	34119	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obl	thereby accept the apportisions of all statutes rigations of my position	pointment as register relating to the prope	red agent and agree to act in the rand complete performance of as provided for in Chapter 60.	his capacity. I f my duties, and

Page 1 of 2

(CONTINUED)

SECRETAIN OF CHAIR TAIL AND SECRETAIN OF CHAIR AND SECRETAIN OF CHAIR AND A CALL OF CH

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	David Devorkin
	3914 Glacier Court
	Naples, FL 34119
MCD	
MGR	John Ansay
	6350 Burnham Road
	Naples, FL 34119
	,
(Use attachment if necessary)	
EV: Effective date, if other than the cetive date is listed, the date must be filling.) the date inserted in this block does n	not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the cetive date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the octive date is listed, the date must be filing.) the date inserted in this block does ment's effective date on the Departm EVI: Other provisions, if any. Signature of a This document is ex I am aware that any constitutes a third de	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not net of State's records. a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (5), Florida Statutes. false information submitted in a document to the Department of State agree felony as provided for in s.817.135, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

ARTICLE IV-