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(Re	equestor's Name)	
(Ad	ldress)	•
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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## COVER LETTER

	legistration Section Division of Corporations		
CHRIECT	Privateer Lite		
SUBJECT		f Limited Liability Company	
The enclos	sed Articles of Organization and feet	(s) are submitted for filing.	
Please retu	urn all correspondence concerning the	us matter to the following:	
	John M. Hendrix		
		Name of Person	•
		Firm/Company	-
	5337 Florence Point Drive		
		Address	•
	Fernandina beach, Fl 32034		
	PrivateerlifeLLC@gmail.com	City/State and Zip Code	-
	E-mail address: (to be	used for future annual report notification)	*
For further i	information concerning this matter, p	please call:	
	John Hendrix	904 557-1026 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
\$125.00 F	Filing Fee S130.00 Filing Fee Certificate of Status	& \$155.00 Filing Fee & \$160.00 Filing Fee, certified Copy Certificate of Status & Cadditional 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
Fallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Privateer Life LLC					
(Must end w	ith the words "Limited l	Liability Company,	"L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	fice of the Limited	Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:	•	
5337 Florence Point D	Drive		Florence Point Drive		
Fernandina Beach			indina Beach da 32034		
<u>Florida 32034</u>		11011	14 5 ± 0 5 4		
ARTICLE III - Registered Age	nt Registered Office &	Danistanad Amon	. ~.		
(The Limited Liability Company's another business entity with an ac	cannot serve as its own F	Registered Agent. Y		<b>三</b>	
	cannot serve as its own I etive Florida registration	Registered Agent. Y		TE MAY	
another business entity with an ac	cannot serve as its own I etive Florida registration	Registered Agent. Y		16 HAY -	
another business entity with an ac	cannot serve as its own I ctive Florida registration ddress of the registered	Registered Agent. Y		16 MAY -4 SESSO TOOLY SESSO TOOLY	
another business entity with an ac	cannot serve as its own I ctive Florida registration ddress of the registered	Registered Agent. Y  agent are:  Name		16 HAY -	
another business entity with an ac	cannot serve as its own I ctive Florida registration ddress of the registered a John M. Hendrix	Registered Agent, Y  agent are:  Name	ou must designate an individu	16 MAY -4 SESSO TOOLY SESSO TOOLY	
another business entity with an ac	cannot serve as its own Fertive Florida registration ddress of the registered a John M. Hendrix  5337 Florence Point D	Registered Agent, Y  agent are:  Name	ou must designate an individu	16 MAY -4 SESSO TOOLY SESSO TOOLY	

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 603, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

AMBR" = Authorized Member	Name and Address:	
MGR" = Manager		
1GR	John M. Hendrix	
	5337 Florence Point Drive	
	Fernandina Beach, Fl 32034	
1GR	Michael B. Hendrix	
IOR	5337 Florence Point Drive	
	Fernandina Beach, FL 32034	20 pm
	1 CHIARAMA BEACH, I E 32034	T X and
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		53
Use attachment if necessary)		٠٠٠ ﴿ حَرِ
ent's effective date on the Department of	State's records.	
VI: Other provisions, if any.		
EOUIRED SIGNATURE:	7. Herbrin	
Signature of a member of the control of the second of the control	ber or an authorized representative of a memb in accordance with section 605.0203 (1) (b), Flo formation submitted in a document to the Departs clony as provided for in s.817.155, F.S.	rida Statutes.
Signature of a memi This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605,0203 (1) (b), Flo formation submitted in a document to the Departitiony as provided for in s.817.155, F.S.	rida Statutes.
Signature of a memi This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Flo formation submitted in a document to the Depart:	rida Statutes.

ARTICLE IV-

Page 2 of 2