## 11600116639

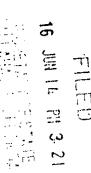
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT		E FUNDS V	
SOBJECT		mited Liability Company	
The enclos	sed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	ırn all correspondence concerning this m	natter to the following:	
		Josie Marston	
		Name of Person	
		Eagle Funds V	
		Firm/Company	
	89	88 Lake Charity Drive	
	<u> </u>	Address	·····
		Maitland, FL 32751	
		City/State and Zip Code	
-		sieMarston@CFL.rr.com  d for future annual report notification)	
For further is	nformation concerning this matter, pleas	•	
Tor turner i			
	Josie Marstonat (	407 628-3240	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, ficate of Status & fied Copy nal copy is enclosed)
	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	16 Jill 1

Tallahassee, FL 32301

3: <u>2</u>|

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			FILED
	ny company is:			16 JUN 14 PH 3-21
	Eagle Fund			
(Must end	with the words "Limited	Liability Co	mpany, "L.L.C.," or "LLC.")	- 100 (100 APY 05 5 M TE
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the L	mited Liability Company is:	70
Princip	oal Office Address:		Mailing Addre	<u>ss</u> :
8988 Lake Charity l	Drive, Maitland, FL 3275	1	8988 Lake Charity Drive, Mait	land, FL 327.
				<del></del>
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	Registered A n.) agent are: Hal Marston	l Agent's Signature: gent. You must designate an indi	vidua! or
		Name		
		ike Charity D		
	Florida street address	s (P.O. Box <u>N</u>	OT acceptable)	
	Maitland	FL	32751	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the apportunitions of all statutes rebligations of my position of	pintment as re plating to the parties	gistered agent and agree to act in proper and complete performance	n this capacity. I e of my duties, and I
		(CONTINI	JED)	

Page 1 of 2

Title: "AMBR" = Authorized Mem	Name and Address: ber
"MGR" = Manager	H-1 Marston
MGR	Hal Marston 8988 Lake Charity Drive
	Maitland, FL 32751
MGR	Josie Marston
	8988 Lake Charity Drive Maitland, FL 32751
	Mariana, 1 D 32/31
	<u></u>
(Use attachment if necessary	
(225 minuting)	•
Tective date is listed, the date of filing.) If the date inserted in this blockment's effective date on the I	han the date of filing: June 3, 2016 . (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 or does not meet the applicable statutory filing requirements, this date will not Department of State's records.
Tective date is listed, the date of filing.) If the date inserted in this bloc	must be specific and cannot be more than five business days prior to or 90 or does not meet the applicable statutory filing requirements, this date will not Department of State's records.
rective date is listed, the date of filing.) If the date inserted in this block iment's effective date on the LEVI: Other provisions, if any  REQUIRED SIGNATURE  Signat This documed I am aware ti	does not meet the applicable statutory filing requirements, this date will not department of State's records.   ure of a member or an authorized representative of a member.  ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.  Hal Marston
rective date is listed, the date of filing.) If the date inserted in this block iment's effective date on the LEVI: Other provisions, if any  REQUIRED SIGNATURE  Signat This documed I am aware ti	does not meet the applicable statutory filing requirements, this date will not department of State's records.  Leave of a number or an authorized representative of a member.  Leave it is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  Leave and any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.  Hal Marston  Typed or printed name of signce
rective date is listed, the date of filing.)  If the date inserted in this block ment's effective date on the Lagrangian in the Lagrangian	does not meet the applicable statutory filing requirements, this date will not department of State's records.  Leave of a number or an authorized representative of a member.  Leave in the executed in accordance with section 605.0203 (1) (b), Florida Statutes.  Leave and the executed in a document to the Department of State third degree felony as provided for in s.817.155, F.S.  Hal Marston  Typed or printed name of signee  Filing Fees:
rective date is listed, the date of filing.)  If the date inserted in this block ment's effective date on the Lagrangian in the Lagrangian	does not meet the applicable statutory filing requirements, this date will not department of State's records.  Little of a member or an authorized representative of a member. In the executed in accordance with section 605.0203 (1) (b), Florida Statutes. In this executed in accordance with section 605.0203 (1) (b), Florida Statutes. In third degree felony as provided for in s.817.155, F.S.  Hal Marston  Typed or printed name of signee  Filing Fees:  Sicles of Organization and Designation of Registered Agent
rective date is listed, the date of filing.)  If the date inserted in this block ment's effective date on the Lagrangian in the Lagrangian	does not meet the applicable statutory filing requirements, this date will not department of State's records.  Live of a member or an authorized representative of a member.  Int is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  Int any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.  Hal Marston  Typed or printed name of signee  Filling Fees:  Cicles of Organization and Designation of Registered Agent  Optional)
rective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LEVI: Other provisions, if any  REQUIRED SIGNATURE  Signat This document I am aware to constitutes a  \$125.00 Filing Fee for Art \$ 30.00 Certified Copy (Compared to Signat Copy)	does not meet the applicable statutory filing requirements, this date will not department of State's records.  Little of a member or an authorized representative of a member. In the executed in accordance with section 605.0203 (1) (b), Florida Statutes. In this executed in accordance with section 605.0203 (1) (b), Florida Statutes. In third degree felony as provided for in s.817.155, F.S.  Hal Marston  Typed or printed name of signee  Filing Fees:  Sicles of Organization and Designation of Registered Agent

ARTICLE IV-