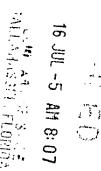
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JUL / 5 2017 S. GILBERT

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: FLVA L.L. Name of Limited	.C Liability Company
The enclosed Articles of Organization and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Lander C	eleman ame of Person
FLVA LL	C
F	irm/Company
5919 W McN	lab RD.
	Address
North Laudeede	le, fl. 33068
E-mail address: (to be used for	Sil. Com future annual report notification)
For further information concerning this matter, please cal	l:
Lander Coleman at (78) Name of Person Area (
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Iditional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JU
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5919 W McNab RD. 5919 W McNab RD. North Lauderdale, Fl. 33068
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Lander Coleman
Florida street address (P.O. Box NOT acceptable)
North Lauderdale, Fl. 33068 City State Zip
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 dutics, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBA	Lander Coleman
	5919 W McNab RD. North Lauderdale, Fl. 33068
MGP	Lander Coleman
	5919 W McNAb RD. North Lauderdale, Fl. 33068
	
EV: Effective date, if other than the da	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 (
ctive date is listed, the date must be s f filing.)	meet the applicable statutory filing requirements, this date will not
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