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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Econgirl Investments, LLC
SOBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Jodi D Haller
	Name of Person
	Econgirl Investments, LLC
	Firm/Company
	10129 Tranquility Way
	Address
	Tampa, FL 33625
	City/State and Zip Code johall331@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
	Jodi D Haller 717 519-7825
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is encl
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Econgirl Investments	: U <i>C</i>			
		d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addres	<u>ss</u> :
10129 Tranquility W Tampa, FL 33625	ay		29 Tranquility Way pa, FL 33625	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registrati	n Registered Agent. \ on.)		16 AUG - 1 AM 10: 23
				Sing 2
	10129 Tranquility V Florida street addre	vay ss (P.O. Box NOT a	cceptable)	F. 6
	Tampa	FL	33625	23 AJE KUD
	City	State	Zip	•
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the approvisions of all statutes i	pointment as registere relating to the proper	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Jodi D Haller	
	10129 Tranquility Way	•
	Tampa, FL 33625	
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47.7		
(Use attachment if necessary) (LE V: Effective date, if other than the date of filing	;: (OPTIONAL)	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State	. (OPTIONAL) d cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no	·
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)