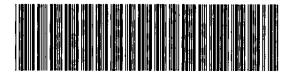
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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## COVER LETTER

Division of (	Corporations		
SUBJECT: <u>Kwaia</u> le	ein II C		
SOBOLOTI IMPLEI	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
<u>Patrick J</u>	Coleman		
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
PSC 70°	1 PO Box 668	Address	
		Address	
APO AP		City/State and Zip Code	
_otrck2@hotmai	l.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
Patrick J Coleman Nar	at (	805 ) 355-4495 Area Code Daytime Te	dephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kwajalein LLC		_	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3913 Poplar Place	PSC 701 PO Box 668		
Cocoa, FL 32926	APO AP, 96555	_	
The name and the Florida street address of the registered Patrick J Coleman	d agent are:	16 A	tome as .
Faulth J Coleman			
Name	e H	ੂੰ <b>ਨਿ</b>	19.44
· · · · · · · · · · · · · · · · · · ·	AH A 550	전 61 9N	en e
Name	V NOT secontable)		
Name  3913 Poplar Place Florida street address (P.O. Bo.  Cocoa	V NOT secontable)		
Name  3913 Poplar Place  Florida street address (P.O. Bo	V NOT secontable)		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:		Name and Address:	
"AMBR" = Authorized	Member		
"MGR" = Manager			
AMBR		Patrick J Coleman	
		3913 Poplar Place	
		Cocoa, FL 32926	
			-
			<del></del>
		<del></del>	
	•		
(Use attachment if necessive the control of the con	ther than the date of fili	ng: (OPTIONAL) and cannot be more than five business days prior to	or 90 da
EV: Effective date, if of ective date is listed, the of filing.)	ther than the date of fili date must be specific	ng: (OPTIONAL) and cannot be more than five business days prior to	or 90 da
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ARTICLE IV-