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TO TO SO SOUTH OF SOUTH

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pophot for Profit LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Kesslet Name of Person
Prophet for Dropit 11C
2100 S Secret Blyd Hadress
barren boach FL 33435 City/State and Zip Code  L-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (66) US 4 7203  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \text{\$\int_{130.00}\$ Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)}  \$\int_{155.00}\$ \text{Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)}
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mast end with the words Elimited Elability Company, E.E.C., of Elec. )				
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3/00 S seacest 1942 Boynton Beach FL 33435	3100 s sea crost Mid Boynton Beach FC 33435			
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:	lorson			

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 605, F.S..

Florida street address 20. Box NOT acceptable)

Bully Tr. Chuller (REQUIRED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

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"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Show Yosslor Glid		
MGR	Helen F. Kessler 3100 S. Seachest Blid Bayman beach FL 33	1435 	-
(Use attachment if necessary)			
(If an effective date is listed, the date must be specific the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.	he applicable statutory filing requirements, this date		
REOUIRED SIGNATURY			
Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Semation submitted in a document to the Department may as provided for in s.817.155, F.S.  Section of signee	Statutes. of State	
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor Type	accordance with section 605.0203 (1) (b), Florida Semation submitted in a document to the Department may as provided for in s.817.155, F.S.	Statutes. of State	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ARTICLE IV-