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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LEVE Poss 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:
LEVI ROSS
Name of Person
LEVI Ross LLC. Firm/Company
Firm/Company
795 S. WINDIVA AVE.
Address
LAKE ALFRED FZ 33850 City/State and Zip Code Levi, russ & timeoutsystems, com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LEVI ROSS at (863) 307-2168
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:					FIL	
	VI Ros	S L "Limite	LC. d Liability	Company, "L.	L.C.," or "LLC.")	2016 SEP - I	DE SEE -
ARTICLE II - Address: The mailing address and street add	lress of the pr	incipal	office of th	Limited Liab	pility Company is:		
<u>Principal</u>	Office Addr	ess:			Mailing Add	ress:	
795 S. WIT LAKE ALFRE	NONA A	WE 33850		795 LAKE	S. WINDNA ALFRED F	AVE 2. 33850	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as	s its ow	n Registere			ndividual or	
The name and the Florida street ac	idress of the r	egistere	d agent are	:			
	LEVI	· (Coss				
			Name				
	795			4 AVE.	· · · · · · · · · · · · · · · · · · ·		
	Florida stree	et addre	ss (P.O. Bo	x NOT accep	table)		
		ALFR			33 <i>850</i> Zip		
	Ci	ity	Sta	e	Zip		
Having been named as registered ag olace designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accep visions of all s	t the appointment of the statutes of the statu	pointment of relating to a as registed	s registered ag he proper and ed agent as pr	gent and agree to ac l complete performa	t in this capacity. I nce of my duties, an	
			(CONT	INUED)			

Page 1 of 2

Title: "AMBR" = Autho "MGR" = Manage		Name and Address:	2016 SEP - 1 PM (
			TALLAHASSEE. FLO
MGR		LEVI ROSS, AVE. LAKE ALE	795 S. WINONA ZED FL. 53850
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Use attachment if	•	51 A 24 7AI	(OPTIONAL)
CLE V: Effective date is lister to of filing.) If the date inserted is	e, if other than the date of d, the date must be specif	ic and cannot be more than five by t the applicable statutory filing requ	
CLE V: Effective date is lister to of filing.) If the date inserted is	e, if other than the date of the date must be specifing this block does not meet the on the Department of S	ic and cannot be more than five by t the applicable statutory filing requ	usiness days prior to or 90 days
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CLE V: Effective date effective date is listed to of filing.) If the date inserted incument's effective discument's effective date in the effective date	e, if other than the date of the date must be specifing this block does not meet the on the Department of States, if any. Signature of a member of seven the seven that any false in onstitutes a third degree feet.	t the applicable statutory filing requestate's records. State's records. Deer or an authorized representative in accordance with section 605.020 formation submitted in a document	ve of a member. 3 (1) (b), Florida Statutes. to the Department of State