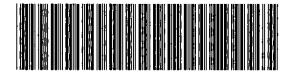
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

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12725 W. INDIAN SCHOOL RD., SUITE E-101

AVONDALE, ARIZONA 85392 TELEPHONE: (623) 444-9791 FACSIMILE: (623) 321-8809 ATTORNEY AT LAW AMY J. POPHAM apopham@pophamlawgroup.com

September 27, 2016

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VIA U.S. MAIL

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: 861 OAKWOOD DR, LLC (THE "COMPANY")

Dear Sir or Madame:

Enclosed for filing are Articles of Organization of the Company along with check #1613 in the amount of \$125.00 to cover the filing fee.

Please return a filed copy of the Articles of Organization to me in the enclosed preaddressed stamped envelope. If you have any questions or comments, please feel free to contact me.

Sincerely,

Popnam Law Group, P.L.C.

For the Firm

AJP/clc Enclosures

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	861 Oakwood Dr, LLC					
SOBJECT	Name of Limited Liability Company					
The enclos	sed Articles of Organization and fee(s) are submitted for filing.					
Please retu	rn all correspondence concerning this matter to the following:					
	Amy J. Popham					
	Name of Person					
	Popham Law Group, P.L.C.					
	Firm/Company					
	12725 W. Indian School Rd., Ste. E-101					
	Address					
	Avondale, AZ 85392					
	City/State and Zip Code apopham@pophamlawgroup.com					
-	E-mail address: (to be used for future annual report notification)					
For further in	nformation concerning this matter, please call:					
	Amy J. Popham 623 444-9791 at (
	Name of Person Area Code Daytime Telephone Number					
Enclosed is	s a check for the following amount:					
\$125.00 Fi	siling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{c} \sum_{\text{S155.00 Filing Fee & Certificate of Status}} \begin{array}{c} \sum_{\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \end{array} \begin{array}{c} \sum_{\text{Certified Copy (additional copy is enclosed)}} \begin{array}{c} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \end{array}					
	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

861 Oakwood Dr, I			
(Must end	with the words "Limited Lia	oility Company, "L	L.L.C.," or "LLC.")
RTICLE II - Address: The mailing address and street	address of the principal office	of the Limited Lia	bility Company is:
Princi	pal Office Address:		Mailing Address:
861 Oakwood Dr.		-/- 1/	& Mrs. Vincent Larkin
861 Oakwood Dr.		C/O Mr.	oc iviia. Villociii Laikiii
861 Oakwood Dr. Melbourne, FL 329	40		E. Lema Cir.
	gent, Registered Office, & R y cannot serve as its own Reg	17042 Fountain	3. Lema Cir. n Hills, AZ 85268 Signature:
Mclbourne, FL 329 ARTICLE III - Registered At The Limited Liability Compan	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.)	Fountain Fountain egistered Agent's istered Agent. You	3. Lema Cir. n Hills, AZ 85268 Signature:
Melbourne, FL 329 ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.)	Fountain Fou	3. Lema Cir. n Hills, AZ 85268 Signature:
Melbourne, FL 329 ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age REGISTERED	Fountain Fou	3. Lema Cir. n Hills, AZ 85268 Signature:
Melbourne, FL 329 ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age REGISTERED	egistered Agent's istered Agent. You not are: AGENTS INC.	3. Lema Cir. n Hills, AZ 85268 Signature: n must designate an individual
Melbourne, FL 329 ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age REGISTERED	egistered Agent's istered Agent. You not are: AGENTS INC. me Point Dr., STE	3. Lema Cir. n Hills, AZ 85268 Signature: n must designate an individual
Melbourne, FL 329 ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & Ry cannot serve as its own Reg active Florida registration.) address of the registered age REGISTERED AND NA	egistered Agent's istered Agent. You not are: AGENTS INC. me Point Dr., STE	3. Lema Cir. n Hills, AZ 85268 Signature: n must designate an individual

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..

Bill Havre/Secretary/Registered Agents Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

· The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	The Winsons and Association Tours
AMBR	The Vincent and Anne Larkin Trust 17042 E. Lema Cir.
	Fountain Hills, AZ 85268
	Poultain Hills, AZ 65206
MGR	Vincent D. Larkin, Jr.
	17042 E. Lema Cir.
	Fountain Hills, AZ 85268
MGR	Anne M. Larkin
	17042 E. Lema Cir.
	Fountain Hills, AZ 85268
an effective date is listed, the date mu date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after bes not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member.
	s executed in accordance with section 605 0203 (1) (b). Florida Statutes
I am aware that a	s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
I am aware that a constitutes a thir	s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State

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)