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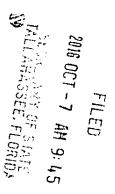
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	Authentic Books, LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Wesley Asbell
	Name of Person
	Firm/Company
	918 Palm Drive
	Address
	Orlando, FL 32803
	City/State and Zip Code
	wesley.asbell@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Wesley Asbell 408 915-9322
	Name of Person Area Code Daytime Telephone Number
Enclosed	I is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ (add

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2016 OCT - 7	AH	9: 45
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ARTI	CLE	I -	Name
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The name of the Limited Liability Company is:

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ALLAH Seetal Collai	í.	
TALLAHASSEE, FLORI	ñ	٨
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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Orlando

City

Principal Office Add	dress: Mailing Address:
918 Palm Drive	918 Palm Dr.
Orlando, FL	Orlando, FL
32803	32803
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Wesley As	as its own Registered Agent. You must designate an individual or registration.)
918 Palm I	Drive
Florida str	reet address (P.O. Box NOT acceptable)

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..

FL

State

Registered Agent's Signature (REQUIRED)

32803

Zip

(CONTINUED)

Page 1 of 2

2016 OCT -7 AM 9: 45

l IIIe!	Name and Address:
<u>Citle:</u> AMBR" = Authorized N	
MGR" = Manager	
AMBR	Wesley Asbell
	918 Palm Drive
	Orlando, FL 32803
 	
	###
LV: Effective date, if out ctive date is listed, the of filing.)	ner than the date of filing: October 6, 2016 . (OPTIONAL) late must be specific and cannot be more than five business days prior to or 9
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