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(Re	equestor's Name)	
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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	COD FORT MEYE	ers, LLC
SOBJECT		Limited Liability Company
The analoge	d Artislas of Organization and Eas(s)	and authority of Can Elling
	ed Articles of Organization and fee(s)	-
Please retur	n all correspondence concerning this	matter to the following:
		ian Klein
		Name of Person
	CAN	OFFICE JOHN J. KLEW, LLC
		Firm/Company
	2106 N	J. ORANGE ANG, SUTTE (00
		Address
	OPLA	UDO, FL 32804
	_	City/State and Zip Code
	<u> Jettreyg</u>	Cannon Rangul. com ed for future annual report notification)
	E-mail address: (to be us	ed for future annual report notification)
For further in	formation concerning this matter, ple	ase call:
	JOHN KLEW	321 626-7114
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	- -
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 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:
(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:
Principal Office Address: Mailing Address:
ZIOL N. ORANGE AVE SAME
SUITE 100
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
JOHN J. KLEIN
Name
2106 N. OBANGE ANG SUPE 100
Florida street address (P.O. Box NOT acceptable)
OBUNDO FL 32804
City State Zip
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 Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager	GEORGE CAUNON
	2106 H. ORNICE AVE SUITE 100
	CRUNDO, FC 32804
(Use attachment if necessary)	
•	
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