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COVER LETTER

	legistration Section Division of Corporations		
SUBJECT	SEVEN, ONE, THREE, LLC.		
SOBJECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s)) are submitted	for filing.
Please retu	arn all correspondence concerning this	matter to the fe	ollowing:
	Alysia MacKarvich		
		Name of	Person
		Firm/Co	mpany
	28741 South Cargo Court, Unit #1		
		Addro	ess
	Bonita Springs, FL 34135		
	alysia@flmovingandstorage.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For further i	information concerning this matter, ple	ease call:	
	Alysia MacKarvich	239	948-4550
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2016

ALYSIA MACKARVICH 28741 SOUTH CARGO COURT, UNIT #1 BONITA SPRINGS, FL 34135

SUBJECT: SEVEN, ONE, THREE, LLC

Ref. Number: W16000076362

We have received your document for SEVEN, ONE, THREE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 616A00024194

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Seven, One, Thre	e, LLC.			
(Must e	nd with the words "Limited	Liability Company	(, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	et address of the principal of	fice of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addres	<u>ss</u> :
28741 South Carg			41 South Cargo Court, Unit	#1
Bonita Springs, F	L 34135	Bon	ita Springs, FL 34135	
mother business entity with	an active Florida registration	1.)	You must designate an indi	vidual or
another business entity with	an active Florida registration	agent are:	r ou must oesignate an indi	
another business entity with	an active Florida registration eet address of the registered	1.)	r ou must oesignate an indi	
another business entity with	an active Florida registration eet address of the registered Alysia MacKarvich 28741 South Cargo C	n.) agent are: Name ourt, Unit #1		SEUNC POL FALLAHASSE
another business entity with	an active Florida registration eet address of the registered Alysia MacKarvich	n.) agent are: Name ourt, Unit #1		SEUNC POL FALL AHASSE
another business entity with	an active Florida registration eet address of the registered Alysia MacKarvich 28741 South Cargo C	n.) agent are: Name ourt, Unit #1		SEUNC POL FALL AHASSE
another business entity with a	eet address of the registered Alysia MacKarvich 28741 South Cargo C Florida street address	Name Ourt, Unit #1 (P.O. Box NOT a	cceptable)	SEUNE POR FALL AHASS

Page 1 of 2

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Signature of a member of an authorized representative of a member. This document is avecuted in accordance with pretion 604 0202 (1) (b) Florida Stationer.	11 4 3 4 7 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name and Address:	
Alysia MacKarvich 28741 SOuth Cargo Court, Unit #1 Bonita Springs, FL 34135 CLE V: Effective date, if other than the date of filing: 10-26-2016 (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be earnent's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 603 203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State statutory filing requirements of States. ALY S/A MACKARVICH Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 10-26-2016 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ament's effective date on the Department of State's records. CLE VI: Other provisions, if any. Signature of a manther of an authorized representative of a member. This document is executed in accordance with section 60) 2003 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State's records. ALY S/A MACKARVILLE Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager		
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ARTICLE IV-