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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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M. MOON NOV 21 2016 Robert C. Nettleton

Attorney at Law

(863) 422-6484 Fax (863) 421-9618 rnettleton@msn.com

702 East Main Street Post Office Box 277 Haines City, Florida 33845-0277

November 16, 2016

Department of State State of Florida P. O. Box 6327 Tallahassee, Florida 32314

Re: LL2,LLC.

Dear Sir:

Enclosed, please find the following instruments in the above regard. Original and two copies of Articles of Organization For Florida Limited Liability Company.

Also enclosed is my check in the amount of \$130.00 representing the Filing Fee and Certificate of Status.

Please return the Certified Copy of Articles to this office.

Very truly yours,

Robert C. Nettleton

RCN/jn

Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	LL2,LLC.
5050	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Leonore Galanida
	Name of Person
	LL2,LLC.
	Firm/Company
	117 Bream Street
	Address
	Haines City, Florida 33844
	City/State and Zip Code LowellTrueman@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Robert C. Nettleton 863 422-6484 at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\sum_{\text{Certificate of Status}}\square \square \square \square \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LL2, LLC.			
(Must en	d with the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal off	ice of the Limited 1	iability Company is:
Princ	ipal Office Address:		Mailing Address:
117 Bream Street		117 B	Bream Street
(The Limited Liability Company	gent, Registered Office, &	Registered Agent	es City, Florida 33844 e's Signature: ou must designate an individual or
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R active Florida registration	Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R active Florida registration	Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R active Florida registration at address of the registered a Leonore Galanida	Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R active Florida registration at address of the registered a Leonore Galanida	Registered Agent Registered Agent. Y .)	's Signature:
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a Leonore Galanida	Registered Agent Registered Agent. Y .) agent are:	e's Signature: ou must designate an individual or
ARTICLE III - Registered A	gent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a Leonore Galanida	Registered Agent Registered Agent. Y .) agent are:	e's Signature: ou must designate an individual or

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)

Page 1 of 2

(CONTINUED)

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

"MGR" = Manager MGR Leonore Galanida 117 Bream Street Haines City, Florida 33844 AMBR Lowell Truman 117 Bream Street Haines City, Florida 33844 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E VI: Other provisions, if any.	Title:	Name and Address:		
MGR Leonore Galanida 117 Bream Street Haines City, Florida 33844 Lowell Truman 117 Bream Street Haines City, Florida 33844 Lowell Truman 117 Bream Street Haines City, Florida 33844 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member by an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Lenore Galanida Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificat of Status (Optional)	"AMBR" = Authorized Member			
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