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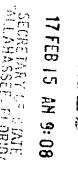
(Re	questor's Name)	
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K. Brumbley

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: DERBY, WALLACE & Name of Limited Liability	ASSOCIATES LLL y Company
The enclosed Articles of Organization and fee(s) are submitted f	For filing.
Please return all correspondence concerning this matter to the fo	llowing:
JANETTE A DERE	BY- G-REEN Person
DERBY, WALLACE & A-S	SOCIATES
2800 WEST OAKLAND	PARK BLVD
OAK LAND PACK	Z FL 33311
E-mail address: (to be used for future an	
For further information concerning this matter, please call:	•
Joneth A Derry - Green (S	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified	SFiling Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	treet Address
New Filing Section N	New Filing Section
	Division of Corporations Lifton Building
	661 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:
DERBY WALLACE ASSCOCIATES, LLC. (Must contain 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:
2800 W. OAKLAND PARKBLUD 3880 NW 39 ST PAKLAND PARK FL33311 HE 133309
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: Tanele A. Derby-Green House House
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
(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JANDTIE A. DERRY-GRI 3380 NW S9 ST,
	LAVORDALE LAKES, FL35
	
(Use attachment if necessary) CLE V: Effective date, if other than the date ffective date is listed, the date must be s	e of filing: 03/03/2017. (OPTIONAL) pecific and cannot be move than five business days prior to or 90 da
CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.)	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an This document is exect I am aware that any fall	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be

ARTICLE IV-