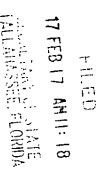
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## COVER LETTER

SUBJECT: Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ISOGIO OROZCO — PRVEZ  Name of Person  Firm/Company  1745 De Saix Blud  Address  Tollancisse FL 32303  City/State and Zip Code  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter of future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ISOCIO OROZCO [1790] Icland Com  E-mail address [1790] Icland Com  E-mail address [1790] Icland [1790] I	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following:  I GNQCIO OROZCO — Peve-Z  Name of Person  Firm/Company  1745 De Saix Blud  Address  Tallancessee, FL 32303  City/State and Zip Code  ignacio.orozcoiq 79@i.cladCom  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  I GNACIO OTOZCOat 860, 519-0585  Name of Person Area Code Daytine Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee Scriffed Copy (additional copy is enclosed)  Mailling Address New Filing Section Division of Corporations  Street Address New Filing Section Division of Corporations	
Firm/Company  1745 De Saix Blud  Address  Tollahasse Ft 32303  City/State and Zip Code  19main address: (to be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (to be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (to be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (to be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main address: (bo be used for future annual report notification)  For further information concerning this matter, please call:  19main a	The enclosed Articles of Organization and fee(s) are submitted for filing.
Firm/Company  1745 De Saix Blud  Address  Toulonce See FL 32303  City/State and Zip Code  1970 Cio. 0/02Co 1979@iCloud. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  1900 Cio 0/02Co at 050, 519 - 0585  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:    \$125.00 Filing Fee   \$130.00 Filing Fee & Certificate of Status & Certificate & Certificate of Status & Certificate of Status & Certificate of	Please return all correspondence concerning this matter to the following:
Firm/Company  1745 De Saix Blud  Address  Taulahassee, FL 32303  City/State and Zip Code  1912 Coording 79@1 Cloud. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  1900 00 0007 Coat 850 519 - 0585  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee Status Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address New Filing Section Division of Corporations  Street Address New Filing Section Division of Corporations	
Address  ToulanceSee, Fh. 32-30-3  City/State and Zip Code  i Gracio. Orotco iq 79@ i Cloud. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TSCO O Orotco at 850   5 19 - 0585  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee Scrifficate of Status Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address New Filing Section Division of Corporations  New Filing Section Division of Corporations  New Filing Section Division of Corporations	Name of Person
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Touloncessee, Fh. 32303  City/State and Zip Code  ignacio.Oloccoiq 79@icloud.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  1900 to 000000 at (850) 519-0585  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:    \$125.00 Filing Fee   \$130.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)    Mailing Address   New Filing Section   New Filing Section   Division of Corporations   Division of Corporations	1745 De Saix Blud
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  T3caco Ovorcoat S50, 519-0585  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status & Street Address  New Filing Section  Division of Corporations  Division of Corporations	Address
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Division of Corporations Division of Corporations	
	<b>→</b>
Tallahassee, FL 32314 2661 Executive Center Circle	P.O. Box 6327 Clifton Building

Tallahassec, 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:
1745 De Saix Blud Tailarasse, FL 32303 Tailarasse, FL 32303
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:
The name and the Florida street address of the registered agent are:    Shall O OOOO Part
Florida street address (P.O. Box NOT acceptable)
- 10/10/10/20 7 10 2
City State Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the

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

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