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SECRETARY OF STATE FALLAHASSEE, FLORID

COVER LETTER.

	New Filing Section Division of Corporations			
SUBJEC	Jeanne La Patrice LL.C			
SOBJEC		f Limited Liabil	ity Company	
The encl	osed Articles of Organization and fee(s) are submitted	for filing.	
Please re	eturn all correspondence concerning the	s matter to the	following:	
	Regina Jeanne Hamilton			
		Name of	Person	
	Jeanne La Patrice LL.C			
		Firm/Co	ompany	
	1332 Sand Castle Road			
		Addr	ress	
	Sanibel/Florida/33957			
	jbhanda@comcast.net	City/State an	d Zip Code	
	E-mail address: (to be	used for future	annual report notification)	
For furthe	r information concerning this matter, p	lease call:		
	Jeanne Hamilton	239 t (472 2353	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	l is a check for the following amount:			
] \$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	Certifi	20 Filing Fee & \$160.00 Filing F Certificate of Sta Certified Copy (additional copy is	itus &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			
Jeanne La Patrice LL	.C	_		
	ain the words "Limited !	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited L	iability Company is:	
Princips	al Office Address:		Mailing Address:	
1332 Sand Castle Ro	ad		Sand Castle Road	<u></u>
Sanibel, FL 33957		Sanib	el, FL 33957	
The name and the Florida street a	L. Clark Hamilton, E	SQ Name	ceptable)	
	Sanibel	Florida	33957	
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the approvisions of all statutes religations of my position	ointment as registered elating to the proper d	d agent and agree to act in this and complete performance of no provided for in Chapter 605,	capacity. I ny duties, and I

(CONTINUED)

17 MAR 13 AH 4:46
SECRETANI OF STATE
TALLAHASSEE FIRE

"AMBR" = Authorized Men	Name and Address: nber
"MGR" = Manager	
AMBR	Regina Jeanne Hamilton
	1332 Sand Castle Road
	Sanibel, FL 33957
AMBR	Laurel Ann Rosen
	1753 Venus Drive
	Sanibel, FL 33957
AMBR	Patricia Santucci
<u> 1848 </u>	Box 7B, 2252 Starfish Lane
	Sanibel, FL 33957
	Santoer, FL 33937
(Use attachment if necessar CLEV: Effective date, if other effective date is listed, the date	than the date of filing: (OPTIONAL)
CLE V: Effective date, if other effective date is listed, the dat te of filing.) If the date inserted in this blo	than the date of filing:
CLE V: Effective date, if other effective date is listed, the dat te of filing.) If the date inserted in this blo	than the date of filing:
CLE V: Effective date, if other effective date is listed, the dat te of filing.) If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if ar	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days at the color of the applicable statutory filing requirements, this date will not be listed Department of State's records. y.
CLE V: Effective date, if other effective date is listed, the dat te of filing.) If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if ar	than the date of filing:
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CLE V: Effective date, if other effective date is listed, the date te of filing.) If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if ar REQUIRED SIGNATUR Signa This document am aware	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days at the color of the applicable statutory filing requirements, this date will not be listed Department of State's records. y.
CLE V: Effective date, if other effective date is listed, the date te of filing.) If the date inserted in this bloocument's effective date on the CLE VI: Other provisions, if an REOUIRED SIGNATUR Signa This document am aware constitutes	than the date of filing:

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Co.)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-