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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT:	Edna	5 Picks, LLC	,
SUBJECT.		imited Liability Company	
The enclose	d Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	n all correspondence concerning this n	natter to the following:	
	Edna	Chiat Name of Person	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Edna	· 6. 9.	
		Firm/Company	-
	762 B	riec Cr.	٠
	342 0	rier CR. Address	
	Tisate	T 33458	20 20 10
`	70000	City/State and Zip Code	779 721
(all small)	Ednachiata co E-mail address: (to be use	smeast net	
	E-mail address: (to be use	d for future annual report notificatio	
For further in	formation concerning this matter, plea	se call:	က ဘွဲ့
Ę	Name of Person	Sol 768-66 Area Code Daytime Telephone	Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporation	ne
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Edna's Pie	iks Lilic.
(Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lir	nited Liability Company is:
Principal Office Address:	Mailing Address:
260 Brier CK.	262 Brier CK.
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Edna Chia	
Name	The state of the s
262 Brier Ce	
Florida street address (P.O. Box N	OT acceptable)

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)

"AMBR" = Authorized Member "MGR" = Manager	EdnaChiat
	Codna Chiat
	alsa Orier M.
	JUDIENTZ 33158
AMBIZ	Laura Soler
	2102 Brier CR
	Jup. 60 St 33458
AMBR	4,5a Park
	18106 Hont Clubbane
	Palm Deach Garden 33/18
	
(Use attachment if necessary)	
n effective date is listed, the date must be specific a late of filing.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as e's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	. Chi-
Signature of a member This document is executed in a	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-