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SECRETARY OF STATE
AHASSEF FIORIN



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2017

LINDA HENRY 7425 PARK BYRD ROAD LAKELAND, FL 33810 US

SUBJECT: ALIGNED BOOKS LLC Ref. Number: W17000052917

We have received your document for ALIGNED BOOKS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

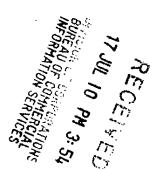
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES Regulatory Specialist II

Letter Number: 817A00012894



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ART	CL	ΕI	- Na	me:
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The name of the Limited Liability Company is:

Aligned Books LLC	
(Must contain the words "Limited Lightlity Company "L. C. " or "L. C.")	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7425 Park Byrd Road	7425 Park Byrd Road
Lakeland, FL 33810	Lakeland, FL 33810

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:

Linda Henry		
	Name	
7425 Park Byrd Ro	ad	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
Lakeland	FL	. 33810
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)





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

"AMBR" = Authorized Member "MGR" = Manager	
"MGP" = Manager	
AMBR	Linda Henry
	7425 Park Byrd Road
	Lakeland, FL 33810
	
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(Use attachment if necessary)	
	meet the applicable statutory filing requirements, this date will not be listed a
e document's effective date on the Departmen	
TICLE VI: Other provisions, if any.	
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TICLE VI: Other provisions, if any.	2//_
REQUIRED SIGNATURE:	2/1/0-
REQUIRED SIGNATURE: Signature of a r	member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a r This document is executive.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)