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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hand I investment Group 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:
Name of Person
Firm/Company
Address 282 860 N Orange Ave Apt
Orland FL 3280 [20]
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

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 Company is:
(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: Sho n Ovange Auc Art Conter Hill T-L 33514
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: Nathan Howson Name Name Aug #20 C
Florida street address (P.O. Box NOT acceptable) Orlando FL 3280 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)

The name and address of each person authority	zed to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member "MGR" = Manager	Drandon To Jans 4601 5 Kickman Rd Unit 1101 Columbe, In 22811		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be speci	filing:		
This document is executed have a variethed any talse in	her or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State relong as provided for in s.817.155, F.S.	LED	
	Wathen Hudson Typed or printed name of signee	5. 2. 2.	

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