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COVER LETTER

	ew Filing Section livision of Corporations		
SUBJECT	OSPREY ASSOCIATES, LLC	٠	
SUBJECT	Name of	Limited Liabilit	y Company
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	irn all correspondence concerning this	s matter to the fe	llowing:
	R Scott Faley	•	
	-	Name of	erson
	R Scott Faley, PC		
		Firm/Cor	npany
•	25 Primrose Street		
		Addre	SS
	Chevy Chase, Maryland 20815		
	Faleyfish@aol.com	City/State and	Zip Code
		ised for future a	mual report notification)
For further i	information concerning this matter, pl	ease call:	
	R Scott Faley	240	401-9100
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
]\$125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	LCertific	O Filing Fee & S160.00 Filing Fee. d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
٠	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 Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:	ì.		
OSPREY ASSOCIAT (Must contain		iability Comp	any, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal of	fice of the Lir	nited Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
768 Beach View Drive			P O Box 1270	
Boca Grande, FL 3392	1-1270		Boca Grande, FL 33921-1270	
another business entity with an ac-	-	agent are: Name	OT acceptable)	17 AUG 17 PH 2: 1 SECRETARY OF STATEMENT OF
	Boca Grande, FL 3392			51.00
	City	State	Zip	IAIE ORIDA
place designated in this certificate, I further agree to comply with the pro	hereby accept the appovisions of all statutes religations of my position a	iniment as reg lating to the pi s registered a	or the above stated limited liability comp eistered agent and agree to act in this ca roper and complete performance of my o gent as provided for in Chapter 605, F.S ignature (REGUIRED)	pany at the pacity. I duties, and I

(CONTINUED)

F 1 . T 1

<u>Tide:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0.0 2.1
MGR	R Scott Falev 768 Beach View Drive
	Boca Grande, FL 33921-1270
	Boca Grande, FL 53921-1270
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(Use attachment if necessary) FICLEV: Effective date, if other than the date	e of filing: August 10, 2017 . (OPTIONAL)
TICLEV: Effective date, if other than the date in effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not a	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Article VI Purposes.

Purposes of Company are to conduct any and all lawful businesses, including, but not limited to, purchasing, acquiring, selling, owning, trading in, holding, developing, leasing, managing, subdividing, and otherwise dealing in and with real and personal property, securities, and such other investments and assets of all kinds, and engage in any and all general business and investment activities incidental thereto

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