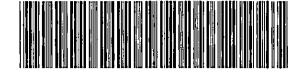
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SECRETARY OF STATE 1211211

END Properties LLC 7314 SUMMERBRIDGE DR TAMPA, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of END Properties LLC:

Nelson Dross 7314 SUMMERBRIDGE DR TAMPA, FL 33634

Nelson Dross, Organizer

12-7-201

Date

COVER LETTER

TO:	Registration Division of C			
SUBJE	CCT: <u>END Pr</u>	operties LLC Name of Lir	mited Liability Company	
The end	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corres	pondence concerning this m	natter to the following:	
	Nelson D	ross	Name of Person	
	END Pro	perties LLC	Firm/Company	
	7314 SU	MMERBRIDGE DR	1 intecompany	
			Address	
	TAMPA,	FL 33634	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
<u>dr</u>	oss_31@yaho	eo.com E-mail address: (to be use	d for future annual report notific	ation)
For fur	ther information	n concerning this matter, ple	ase call:	
Nelson	n Dross Nam	at (at (at (at (347 866-5849 Area Code Daytime Te	elephone Number
Enclose	ed is a check fo	r the following amount:		
-] \$125.0	0 Filing 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)
		ling Address stration Section	Street/Courier Add Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	nility Company is:				
END Properties LLC (Must e	nd with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stree	address of the principa	l office of the Limited Liability Company is:			
Principal Office Address:		Mailing Address:			
7314 SUMMERBRIDGE D TAMPA, FL 33634	PR	7314 SUMMERBRIDGE DR TAMPA, FL 33634			
(The Limited Liability Companother business entity with	any cannot serve as its ov an active Florida registra		dividual or	ı	
The name and the Florida stro	et address of the register	red agent are:	5	~3	
<u>Nels</u>	on Dross			91	
Name 7314 SUMMERBRIDGE DR			RETAR AHASS	2017 DEC 1	13.
Florida street address (P.O. Box <u>NOT</u> acceptable)			£,0	_	E0
TAM		FL 33634	15 12 12 12 12 12 12 12 12 12 12 12 12 12	=	O
the place designated in th	is certificate, I hereby acc	Zip service of process for the above stated limited li rept the appointment as registered agent and agr	ree to act in	1 this	
		ns of all statutes relating to the proper and comp			

the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Nelson Dross	
	7314 SUMMERBRIDGE DR	
	TAMPA, FL 33634	
(Use attachment if necessary)	•	
	 	
LE V: Effective date, if other than the date of	filing: (OPTIONAL)	;
LE V: Effective date, if other than the date of fective date is listed, the date must be speci-	filing: (OPTIONAL)	day
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REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	
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Reoured Signature of a member	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)	