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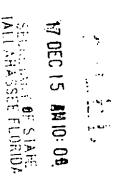
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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. COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: READ MORE AMERICA BOOK CLUB LLC 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:
JUDITH A. FURGINSON Name of Person
READ MORE AMERICA BOOK CLUB Firm/Company
4.7.78 SOUTHERN BREEZE
City/State and Zip Code READ MORE AMERICA & GAHOO & Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUDITUA FURGIN SON 917 371-9679 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
\$125.00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified 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:	
READ MORE AMERICA BOOK CLUB LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.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:	
NAPLES, FLORIDA NAPLES, FLORIDA 34114	Ξ
The name and the Florida street address of the registered agent are: JUDITH ANN FURGINSON 100 1	12 050 15 森田 10: 0条
Florida street address (P.O. Box NOT acceptable)	∻ ت
NAPLES FLORIDA 34114 ST	-
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. If further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and implication of my position as registered agent as provided for in Chapter 605, F.S Agent's Signature (REQUIRED)	,

(CONTINUED)

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7	"					₹.	•

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	JUDITIL ANN FURGINISON 4778 SOUTHERN BREEZE NAPLES, FLORIDA 34114	
(Use attachment if necessary)		
TICLE Ve. Utherine data if other than the data of till	ing: _ 1 - 1 - 1 \frac{1}{2} . (OPTIONAL)	
date of filing.) te: If the date inserted in this block does not meet the document's effective date on the Department of State VI: Other provisions, if any.	he applicable statutory filing requirements, this date will no ate's records.	t be listed
REQUIRED SIGNATURE:		
Sadit	Tyrie Turker sex	
This document is executed in I am aware that any false info	r or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.	
* JUDITH	PANN FURGINSON Poped or printed name of signee	i
Ту) 1
	Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional)	ration and Designation of Registered Agent	
\$ 5.00 Certificate of Status (Optional)	TO TO THE PROPERTY OF THE PROP	<u>.</u>