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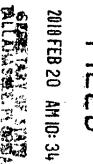
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Special Instructions to	Filing Officer:	





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FEB 22 2018

K. Brumbley

### **COVER LETTER**

	Filing Section sion of Corporations	
SUBJECT:		Hairpin Turn, LLC
	Name of	Limited Liability Company
The enclosed	Articles of Organization and fee(s	) are submitted for filing.
Please return	all correspondence concerning this	s matter to the following:
_		Ralph Garramone
		Name of Person
_		Firm/Company
_		129998 S. Cleveland Ave.
		Address
		Fort Myers, FL 33907
		City/State and Zip Code
·	·	garramone@garramone.com
	E-mail address: (to be t	used for future annual report notification)
For further info	ormation concerning this matter, p	lease call:
_		375-2453
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
<b>X</b> ]\$125.00 Filii	ng Fee \$130.00 Filing Fee of Certificate of Status	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Hairpin Turn,	LLC			
(Must	contain the words "Limited Lis	ability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal offi	ce of the Limited	1 Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
		40	000 0 01 1 1 1 4		
12998 S. Clev Fort Myers, Fi ————————————————————————————————————	Agent, Registered Office, &	Eo	998 S. Cleveland Ave. ort Myers, FL 33907 ont's Signature:	<del></del>	
Fort Myers, F  ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, &	Registered Age egistered Agent.	ort Myers, FL 33907	2018 FE	<b>G</b> an
Fort Myers, F  ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.	Registered Age egistered Agent.	nt Myers, FL 33907 nt's Signature:	2018 FEB	
Fort Myers, F  ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.  reet address of the registered a Ralph Garramone	Registered Age egistered Agent.	nt Myers, FL 33907 nt's Signature:	2018 FEB 20	r
Fort Myers, F  ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.  reet address of the registered a Ralph Garramone	Registered Age egistered Agent. ) gent are:	nt Myers, FL 33907 nt's Signature:	20	ī
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.  reet address of the registered at Ralph Garramone	Registered Age egistered Agent. ) gent are: Name Ave.	nt's Signature: You must designate an individual or	20	r
Fort Myers, F  ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.  reet address of the registered a Ralph Garramone  12998 S. Cleveland	Registered Age egistered Agent. ) gent are: Name Ave.	nt's Signature: You must designate an individual or	2018 FEB 20 AM 10: 34	r

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## **ARTICLE IV-**The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Wraith, LLC 1231 W. Northern Lights Blvd. #911 Anchorage, AK 99503 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. Distribution Authority - The members may in their discretion distribute the profits and/or capital of the LLC business pro-rata. or non-pro-rata as they deem advisable. If the members make non-pro-rata distributions, those shall be taken into account in re-calculating each member's capital account (and/or drawing account) at the end of the LLC's fiscal year. REQUIRED SIGNATURE;

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ralph Garramone

Typed or printed name of signee

#### 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)