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| Certified Copies          | Certificates      | of Status |
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ALLAHASSEF FLORINA

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## COVER LETTER .

| ACE & BAE, 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:  JENNIFER EYTH  Name of Person  ACE & BAE, LLC  Firm/Company  1035 LASCALA DRIVE   |
|---|
| 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:  JENNIFER EYTH  Name of Person  ACE & BAE, LLC  Firm/Company   |
| Please return all correspondence concerning this matter to the following:  JENNIFER EYTH  Name of Person  ACE & BAE, LLC  Firm/Company  |
| JENNIFER EYTH  Name of Person  ACE & BAE, LLC  Firm/Company   |
| Name of Person  ACE & BAE, LLC  Firm/Company  |
| ACE & BAE, LLC  Firm/Company  |
| Firm/Company  |
|   |
| 1035 LASCALA DRIVE  |
|   |
| Address   |
| WINDERMERE, FLORIDA 34786   |
| City/State and Zip Code JENNIFERBEYTH@GMAIL.COM   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| JENNIFER EYTH 831 236-4476  |
| Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status St |
| Mailing Address Street Address  |
| New Filing Section New Filing Section  Division of Corporations  Division of Corporations   |

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

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 Liabilit   | y Company is:  |  |  |  |
|  |  |  |  |  |
| ACE & BAE, LLC   |  |  | <del></del>  |  |
| (Must cont   | ain the words "Limited   | Liability Company, "   | 'L.L.C.," or "LLC.")   |  |
| ARTICLE II - Address:  |  |  |  |  |
| The mailing address and street a   | ddress of the principal o  | ffice of the Limited I   | Liability Company is:  |  |
| <u>Princip</u>   | al Office Address:   |  | Mailing Address:   |  |
| 1035 LASCALA DRIVE   |  | 1035 L   | ASCALA DRIVE   |  |
| WINDERMERE, FLORIC   | A 34786  | WINDE  | ERMERE, FLORIDA 34786  |  |
| <del></del>  | -  | <del></del>  |  |  |
| ARTICLE III - Registered Age<br>(The Limited Liability Company<br>another business entity with an a<br>The name and the Florida street                   | cannot serve as its own active Florida registration                                | Registered Agent. Yon.)  |  | ndividual or                                     |
|  | JENNIFER EYTH  |  |  |  |
|  |  | Name   |  |  |
|  | 1035 LASCALA DRIVE   |  |  |  |
|  | Florida street addres  | s (P.O. Box <u><b>NOT</b></u> ac   | ceptable)  |  |
|  | WINDERMERE   | FLORIDA _  | 34786  |  |
|  | City   | State  | Zip  |  |
| laving been named as registered of<br>clace designated in this certificate,<br>further agree to comply with the pr<br>in familiar with and accept the ob | I hereby accept the app<br>ovisions of all statutes re<br>ligations of my position | ointment as registered elating to the proper of the proper | d agent and agree to ac<br>and complete performa<br>s provided for in Chapte | t in this capacity. I<br>uce of my duties, and I |
|  |  | (CONTINUED)  |  | -<br>= = = = = = = = = = = = = = = = = = =       |

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TALLAHASSEE, PLORIDA

| "AMBR" = Authorized Me  | Name and Address:  |  |
|---|--|--|
| "MGR" = Manager   | Der Control of the Co |  |
| MGR   | JENNIFER EYTH  |  |
|   | 1035 LASCALA DRIVE   |  |
|   | WINDERMERE, FLORIDA 34786  |  |
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| /II 1 10  |  |  |
| (Use attachment if necessary)   |  |  |
|   | an the date of filing: February 21, 2018. (OPTIONAL)   |  |
| ICLEV: Effective date, if other   |  |  |
| effective date is listed, the date  | nust be specific and cannot be more than five business days prior to or 90 days after  |  |
| effective date is listed, the date to the date of filing.)  | nust be specific and cannot be more than five business days prior to or 90 days after  |  |
| effective date is listed, the date to of filing.)  If the date inserted in this bloce.                              | nust be specific and cannot be more than five business days prior to or 90 days after<br>does not meet the applicable statutory filing requirements, this date will not be listed  |  |
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| effective date is listed, the date of filing.)  If the date inserted in this blococument's effective date on the    | nust be specific and cannot be more than five business days prior to or 90 days afte does not meet the applicable statutory filing requirements, this date will not be listed a  |  |
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| effective date is listed, the date<br>ate of filing.)   | nust be specific and cannot be more than five business days prior to or 90 days afte does not meet the applicable statutory filing requirements, this date will not be listed a  |  |

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.

JENNIFER EYTH

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)

ARTICLE IV-

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SECKETARY OF STATE
ALLAHASSEE FLORINA

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