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SECRETARY OF STATE

FILED 2018 MAR 12 AM II: 25

DEPARTMENT OF STAR

COVER LETTER

Division of Corporations	
SUBJECT: Phon/50 Dersey Plasten 49 + Dry Well 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:	८५ - अक्षात्र व्यक्तः । अ
AIPhowso Darsey Name of Person	
86 Mignit Zion Ch. P.d.	
Hallania Horida 32333 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Applicated Derson at (85°C) 537-6143 Name of Person Area Code Daytime Telephone Number	१५ - भट्टम व्यक्त ८ ५
S125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Sta	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahusson FL 223 14 2661 Executive Center Circle	

Tallahassee, FL 32301

JUNE WELL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," of "LLC.")	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	2018
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	FILI HAR 12 CRETARY LAHASSE
Principal Office Address: Mailing Address:	RY I
86 MOUNT ZION Ch. Pd.	AH II:
	- RATE: - 2 5
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Name

86 Mought 7: on Ch. R.C.

Florida street address (P.O. Box NOT acceptable)

Heucha 7/a 32333 City State Zip

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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DAY WAY . A

NEW WHAT IS YO

The	TICLE IV- name and address of each person authoriz	zed to manage and control the Limited Liability Compan	y :
	IBR" = Authorized Member IR" = Manager	Name and Address: X Alphonso Dursep	<u> १८०० । शहर क्लंबर ५ वट</u>
	· · · · · · · · · · · · · · · · · · ·	Alphonso Dursyp 86 Mount Z. ON Ch. Pd Heveng I/g, 32333	
	te attachment if necessary)	filing: (OPTIONAL)	
(If an effection the date of for Note: If the	ve date is listed, the date must be specifiling.) It date inserted in this block does not meet at's effective date on the Department of S	ic and cannot be more than tive business days prior to t the applicable statutory filing requirements, this date w	or 70 days after
	/I: Other provisions, if any.		
RI	This document is executed 1 am aware that any false in	ber or an authorized ropresentative of a member. In accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of	atutes. f State

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)