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2018 APR -5 PM 4: 46
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APR 1 U 2018

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Babyrey Homes CC. 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:	
Maria del Carren La Combe	_
Babyrey Homes UC.	
Firm/Company	
8640 Damascus Duine	
Address	_
Palm Beach Gardens Fl. 33418	
City/State and Zip Code	_
mlacombe 211@) gmail. com	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maria Lacinha at (56) 056-1105 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (addition	
Mailing Address Street Address	
New Filing Section New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 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:		
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
Prin beach barders M. Same		
City State Zip	2018 APR -5 PM 4: 46	
Flaving been named us 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 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)

Title: "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	
	Maria del Carmon LaComb 8640 Damascus Druie Palm Bench Gardens, H.
	Palm bench (saders, Il.
	33419
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other the frective date is listed, the date of filing.) If the date inserted in this block	an the date of filing:
LE V: Effective date, if other the frective date is listed, the date of filing.) If the date inserted in this block the date on the Legendre on the Legendre date on the Legendre	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
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LE V: Effective date, if other the ffective date is listed, the date of filing.) If the date inserted in this block ument's effective date on the LE VI: Other provisions, if any REOUIRED SIGNATURE Signat This docume is am aware the constitutes a	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Real Estate Investments Leal Estate Investments

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)