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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Three Strands Enterprises 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:		
Randall Wayne Smith Jr.		
t yant of the state of the stat		
Firm/Company		
8352 Innsbrook Drive		
Address		
Tallahassee, PL 32312		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	नी	
For further information concerning this matter, please call:		
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Name of Person Area Code Daytime Telephone Number		
Name of reison Area Code Dayante recognote Name of		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Malling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassec, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address: 8352 Innsproof Drive Jallahassee, FL 32312	Mailing Address: 8352 Innsbrook Drive Tallahassee, FL 323/2
ARTICLE III - Registered Agent, Registered Office, & Registered Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	5mith Jr.

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..

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

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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ARTICLE IV- The name and address of each person author	orized to manage and control the Limited Liability (Company:
Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Randall W. Smith Jr 8352 Innsbrook Drive	<u> </u>
AMBR	Denise M. Johns-Sm 8352 Innsbrook Drive Tallahasser FL 323/2	ith_
AMBR	Amber D. Conway 1/863 Narrow Oak Lane Jacksonville, FL 32223	81
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date o (If an effective date is listed, the date must be specthe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	et the applicable statutory filing requirements, this	rior to or 90 days after
ARTICLE VI: Other provisions, if any.		
This document is executed I am aware that any false in	nbenor an authorized representative of a member of a m	da Statutes.
_ Kandal	Typed or printed name of signee	智品品
\$125.00 Filing Fee for Articles of Orgs \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optiona	Filing Fees: Anization and Designation of Registered Agent I)	FILED PRITERS FLORIS AHASSEE FLORIS