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	WALK IN PICK UP: 7/16
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<del></del>	CATION RENTAL				
(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limited	Liability Company is:		
Princ	cipal Office Address:		Mailing Addr	ess:	
236 Bergamo	Dr.	_ 236	Bergamo Dr.		
Davenport, FI	33897		enport, FL 33897		
The name and the Florida stre	et address of the registered  Registered Age				
	Registered Age	nts Inc.			
		Name			
	3030 N. Rocky I	Point Dr. Ste. 15	60A		
	Florida street addres	ss (P.O. Box <u>NOT</u> ac			
	Florida street addres <u>Tampa</u>				
	Tampa City	ss (P.O. Box <u>NOT</u> ac <u>FL</u> State	33607 Zip		
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	Tampa  City  ed agent and to accept serv  nte, I hereby accept the app  provisions of all statutes r  obligations of my position	State  State  State  pice of process for the project as registered agent as the proper as registered agent as the project as t	above stated limited liability and agent and agree to act is and complete performances provided for in Chapter	n this capacity. I e of my duties, and I	
place designated in this certifica further agree to comply with the	Tampa  City  ed agent and to accept serv  nte, I hereby accept the app  provisions of all statutes r  obligations of my position	FL State vice of process for the pointment as registere relating to the proper	above stated limited liability and agent and agree to act is and complete performances provided for in Chapter	n this capacity. I e of my duties, and I	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBK	Howard Jean-Marie
	145 Stephanie Dr. Guelph, Ontario N1K 1X7
	Gueiph, Ontario NIK 1X/
AMBR	Olivia Cambronero
	145 Stephanie Dr.
	Guelph, Ontario N1K 1X7
AMBR	Rossana de la Cruz
	236 Bergamo Dr.
	Davenport, FL 33897
(Use attachment if necessary)	
E.V: Effective date if other than the d	ate of filing: (OPTIONAL)
ective date is listed, the date must be of filing.)  'the date inserted in this block does not ment's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be of filing.)  'the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be not of State's records.
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