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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: GUZLLENS PROPENTIES, 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:
JOSE GUILLEN
Name of Person
2413 COUNTRY CLUB DR
TALLAHASSEE, FL 32301
Jose guillen 2010 e icloud-com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certificate Copy  (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 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:

GUILLE	NS Prope	ENTIES,	L.LC				
(Must contai	n the words "Limited Li	ability Company.	"L.L.C.," or "	LLC.")	_ <del>_</del>		
ARTICLE II - Address: The mailing address and street add	dress of the principal offi	ice of the Limited	I Liability Com	ipany is:		-	
<u>Principal</u>	Office Address:		Ma	iling Address:			
Z413 Coumou TALLA HASSEE,	y clip pr	$\frac{1}{2}$	413 CO	SSTE, FI	<u>Clug</u> <del>723</del> 01	on	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own R	legistered Agent.			ıl or		
The name and the Florida street ac		_		UTICEN	<u>ب</u> ز	5013	
	GUELLEN	s paop	ERTEE)	TLC	元帝	139	T-)
	_	Name	- 0		AS.	<u>.</u>	
	Florida street address (	<del></del>	245 -		SEL CE	-25	EU
	TALLA HASSE City	State 3	2301 Zip	<del></del>	Losio		
	•						

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 l 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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR."	JOSE GUILLEN 2413 COUNTRY CLUB DR TALLAHASSEE, FL 32301
	ALL RETARY ALL SEE
(Use attachment if necessary)	0817 1717
TCLE V: Effective date, if other than the date of filing	g:
date of filing.) e: If the date inserted in this block does not meet the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be li
<ul><li>date of filing.)</li><li>e: If the date inserted in this block does not meet the</li></ul>	applicable statutory filing requirements, this date will not be li
date of filing.) e: If the date inserted in this block does not meet the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be li
REQUIRED SIGNATURE:  Signature of a member of This document is executed in action and aware that any false informs.	applicable statutory filing requirements, this date will not be lived in a nauthorized representative of a member.  Ecordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)