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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Croh Control	y Comforts LLC		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jenny	Name of Person		
	Firm/Company		
10010 W Desi	Address		
CLEYMONT FL 34711 City/State and Zip Code bookrackbook worm a gmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	eall:		
Jenny Groh at (3) Name of Person A	rea Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 FilingF ee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

I, Jenny Groh, as the Owner of Groh Country Comforts Co. have no intentions of reinstating the corporation. I here by release the name to be used for the LLC.

Jenny Grah Jenny Stan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	AV.	
Groh Country Con (Must contain the words "Limited Liability)	Company, "L.L. C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
At Jeway Croph	1006 W. Desoto. St	
1006 W Desoto Si	Clermont, PL 34711	
Clermont, FL 34711	,	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature red Agent. You must designate an individual or anothe	e: r
The name and the Florida street address of the reg	gistered agent are:	
Jenny Groh	1	
Jenny Groh		
1006 W. Desot	o St	
Florida street address (P.O. 1		
Clermont	_{FI} 3470	
<u>Clermont</u> City	Zip	
Having been named as registered agem and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as reginary.	this certificate, I hereby accept the appoin ty. I further agree to comply with the prov extormance of my dutics, and I am familia	tment as visions of all r with and
Jan In	(DEOLUBED)	
Registered Agent's Signa	ر با حبتیا	
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	32 8	

Name and Address: Title: $\overline{\text{"AMBR"}} = \text{Authorized Member}$ "MGR" = Manager AMBR (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee 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)

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-