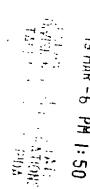


(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: In 3 Out Statless Sic 3 Star
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jazz Myn V. Janes Name of Person
175 Jik Lane Gowille
- Crantordville Address
E-mail address: (to be used for fature annual report notification)
For fürther 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 \$\text{S130.00 Filing Fee & Certificate of Status}\$\text{Certified Copy (additional copy is enclosed)}\$\text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			1	
in 3 00	+ Spotlass		3 Spm	
(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:
195 J.K. Lune FL. 37377	Crawfordsille	175).K Luce Transferdule F1, 30 327

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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.

legistered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "SIGR" = Manager "AMBR" MER	175 2Kluse Comballer
	·
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	date of filing:
e date of filing.) <pre>lote: If the date inserted in this block does</pre>	not meet the applicable statutory filing requirements, this date will not be listed :
te date of filing.) Note: If the date inserted in this block does not document's effective date on the Departs	not meet the applicable statutory filing requirements, this date will not be listed a
te date of filing.) Note: If the date inserted in this block does not document's effective date on the Departs	not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
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e date of filing.) Lote: If the date inserted in this block does not document's effective date on the Department of the Department's effective date on the Department's effective date on the Department of the Department is entire to the Department of the Departmen	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. All A a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. Talse information submitted in a document to the Department of State

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