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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 333 Beech, WC Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
1309 Nancy Drive
Tallahassee, FL 32301
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 \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4 13 793				
ART	ш	. E. 1	- Na	nie:

The name of the Limited Liability Company is:

(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:

City

Principal Office Address: Stating Address:			
1309 Nancy Dr Some			
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.)		2019 +	
The name and the Florida street address of the registered agent are:	HASSE	机25	7 11
13 CG Nancy Dive		PH 2:	
Florida street address (P.O. Bok NOT acceptable) Talkhasee FL 32301	,	21	

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..

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Derrich A. Brown 1305 Nancy Hive
	151chese, 7-15 3230
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific as the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.) Note: If the date inserted in this block does not meet the	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.) Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as

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)

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Document number	L160000	55362		ı	

And will file a new filing with the same name.

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