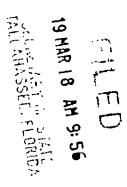
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COVER LETTER

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| | ew Filing Section vision of Corporations | | | |
|----------------|---|--|---|---|
| SUBJECT: | Maieze Enterprises, LLC | | | |
| SUBJECT | | Jame of Limited Liabil | ity Company | |
| The enclose | ed Articles of Organization at | nd fee(s) are submitted | for filing. | |
| Please retur | n all correspondence concerr | ning this matter to the i | ollowing: | |
| | | Betty A. Ge | rard | |
| | | Name of | Person | |
| | | Maieze Enterp | orises, LLC | |
| | | Firm/Co | mpany | |
| | | 12438 Patric | k Ct, | |
| | | Addr | ess | |
| | | Jacksonville, | FL 32225 | |
| | | City/State an | | |
| _ | E mail addrave | bettygerard@ian (to be used for future a | | anl |
| For further in | formation concerning this m | | initial report normean | on, |
| | Betty A. Gerard | 904 | 866-0566 | |
| - | Name of Person | at (Area Code | Daytime Telephone | e Number |
| Enclosed is | a check for the following am | ount. | | |
| | ing Fee \$130.00 Filin Certificate of | ig Fee & S155.0 f Status Certific | 0 Filing Fee & ed Copy al copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | | Street Address | |
| | New Filing Section Division of Corporation | ons | New Filing Section Division of Corporation | ons |
| | P.O. Box 6327 | | Clifton Building | |
| | Tallahassee, FL 32314 | į. | 2661 Executive Cente | r Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. . . - . .

| Maieze Enterpris | | | | |
|--|--|---|---|-------------|
| (Must o | contain the words "Limited L | iability Company, | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and stre | et address of the principal of | fice of the Limited | Liability Company is: | |
| <u>Prin</u> | cipal Office Address: | | Mailing Address: | |
| | | 1243 | 8 Patrick Ct, | |
| 12438 Patrick Ct. | i. | 1 4 7.7 | | _ |
| Jacksonville, FL RTICLE III - Registered the Limited Liability Comp | 32225 Agent, Registered Office, & | Jack: & Registered Agent Registered Agent. N | sonville, FL 32225 | 19 |
| RTICLE III - Registered The Limited Liability Compother business entity with | Agent, Registered Office, & any cannot serve as its own | Registered Agent No. 1.) | sonville, FL 32225 of's Signature: You must designate an individual or | 19 HAR 18 |
| Jacksonville, FL RTICLE III - Registered The Limited Liability Compother business entity with | Agent, Registered Office, & sany cannot serve as its own an active Florida registration cet address of the registered | Registered Agent No. 1.) | sonville, FL 32225 of's Signature: You must designate an individual or | 19 MAR 18 A |
| Jacksonville, FL RTICLE III - Registered The Limited Liability Compother business entity with | Agent, Registered Office, & sany cannot serve as its own an active Florida registration cet address of the registered | Registered Agent No.) agent are: | rt's Signature: You must designate an individual or | 至 |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered Betty A. Gerard | Registered Agent. Vagent are: | rt's Signature: You must designate an individual or | 至 |
| Jacksonville, FL ARTICLE III - Registered The Limited Liability Componenther business entity with | Agent, Registered Office, & any cannot serve as its own an active Florida registration cet address of the registered Betty A. Gerard 12438 Patrick Ct. | Registered Agent. Vagent are: | rt's Signature: You must designate an individual or | A 99 |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Betty A. Gerard AMBR 12438 Patrick Ct, Jacksonville, FL 32225 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOURED 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.

Filing Fees:

Typed or printed name of signee

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

Betty A. Gerard - Organizer/Member

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)