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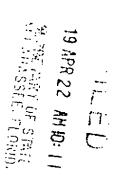
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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: OUR BLESSED EARTH 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:
MARIA P. Kish Name of Person
OUR BLESSED EARTH
13721 102 nd avenue
Largo, FLorida 33714 City/State and Zip Code
Maria Dosani Kish & Jahoo, Com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA P. KISh at (127) (688.251)  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & Certificate of Status  S155.00 Filing Fee & Certificate of Status  S160.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
1372/ 102nd avenue	P.D. BOX 8221 Seminole, Florida 331115
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent ar	E: X15H
13721 1021d (Florida street address (P.O. B	AULIUL  ON NOT acceptable)
Largo Fla	orida 33174
Having been named as registered agent and to accept service of pro- place designated in this certificate. I hereby accept the appointment	

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and t

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARIA P. KISH 13721 IDANA AVERUSE Largo, Florida 33194
	<del></del>
(Use attachment if necessary)	·
effective date is listed, the date must be specifute of filing.)  If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 days a et the applicable statutory filing requirements, this date will not be list
ate of filing.)	fic and cannot be more than five business days prior to or 90 days a et the applicable statutory filing requirements, this date will not be list
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effective date is listed, the date must be specifite of filing.)  If the date inserted in this block does not mee ocument's effective date on the Department of SCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	it the applicable statutory filing requirements, this date will not be list State's records.
effective date is listed, the date must be specific of filing.)  If the date inserted in this block does not mee ocument's effective date on the Department of SICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member This document is executed.	et the applicable statutory filing requirements, this date will not be liste. State's records.  Derivation authorized representative of a member.  in accordance with section 605 0203 (1) (b). Florida Statutes
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REOUIRED SIGNATURE:  Signature of a membra may a	the applicable statutory filing requirements, this date will not be listed State's records.  Derivation authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE:  Signature of a membra may a	the applicable statutory filing requirements, this date will not be listed State's records.  Derivation authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.  Typed or printed name of signee
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REOUIRED SIGNATURE:  Signature of a membra may a	the applicable statutory filing requirements, this date will not be listed State's records.  Derivation authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Frees:  Dization and Designation of Registered Agent

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

ARTICLE IV-