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	COVER LETTER		
	lew Filing Section Vivision of Corporations		
SUBJEC'	Viking Investments LLC.		
JUDILE	Name of Limited Liability Com	ppany	
The enclo	ed Articles of Organization and fee(s) are submitted for filir	ng.	
Please ret	rn all correspondence concerning this matter to the followin	ម្លេ:	
	Travis Carlson		
	Name of Person		-
	Firm/Company		
	11721 Metro Pkwy Address		
	Ft. Myers, FL 33966		
	City/State and Zip C	ode	AVA 61 NOPAN
	travis@carlsonsfa.com		
	E-mail address: (to be used for future annual re	eport notification)	
For further i	nformation concerning this matter, please call:		- 49 - 510 143
	Travis Carlson         239         340-6	5380	- 3 <b>6</b> - 108
		time Telephone Number	
Enclosed i	a check for the following amount:		
\$125.00 F	_	Certificate of Status &	
	Division of Corporations Division P.O. Box 6327 Clifton	<u>Address</u> ling Section n of Corporations Building xecutive Center Circle	

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ARTICLE	SOFORGANIZATIONFOR	FLORIDAT MATERIAL	DIN TITU AVOLAND			
ARTICLE [- Name;			CONTRACTOR OF			
The name of the Limited Lie	bility Company Is:					
Viling Assets	LLC.					
(Must c	LLC. ontair the words "Limited	liability Company, "L.I.	.C.," or "LLC.")	····		
ARTICLE II - Addres ::			,			
The mailing eddress on otre	of address of the principal of	Ilce of the Limited Lish	ility Company is			
			•			
	<u>cipal Office Address</u> :		Mailing Add:	<u>ear;</u>		
Viking Assets 11721 Metry Pky	LLC.		sists LLC.			
Ft. Myers, FL 339	66		Fl. 33966	· · · · · · · · · · · · · · · · · · ·		
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ARTICLE III - Registered . (The Limited Liability Comp. mother, business environmether, business	Siy or that serve as its own (	Registered Agene Yours	iguature:	5 1 A I	19 KA	58
another business entity with :	aractive.Florida registration	r)	nege ocsiBuate att ing	Naduel of	л. Х.	ione -
The name and the Florida stre	et addiess of the registered	egent are:				, 93
		-9			-0	
	AJ Carlson	Name			2	
	11001 54-6-5				မှု ခ	
	11721 Metro Pkwy Florida street address	(P.O. Bax NOT accepts	ble		<u></u> ရ	
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No. 2645 P. L. L

## ARTICLE IV-

MJun. 3.2019≜ 1:10PM

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 AMBR Al Carlson 11721 Metro Piray Pt. Myore, FL 33966 AMBR Travis Carlson 11721 Metro Pkwy Pl. Myers, FL 33966 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: March 1rst, 2019 . (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.) Notes If the date insected in this block does not meet the applicable statutory filing requirements, this date will not be listed as the doouroent's effoctive date on the Department of State's records. ARTICLE VI: Other provisions, if any. REOURED SIGNATURE Signature of a member of an authorized representative of a member. This depriment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I sm as ne 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. Travis Carlson Typed or princed name of signes

Filing Pees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 39.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)