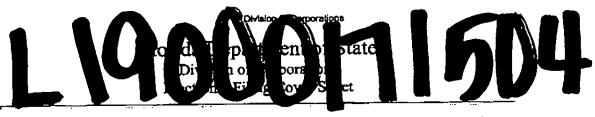
7/8/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120089000067 Phone : (845)425-0077

Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 	

## FLORIDA LIMITED LIABILITY CO.

CC66, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

19 JUL 12 PH 7: I

MH 8:

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Corporate Filing Menu

Help

\* \* 2r

Original on 7/8/19

XXX

$\epsilon$	city .
ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	••
The name of the Limited Liability Company is:	
Ni-	
CC66, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of   Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
1829 Ramic Road	1829 Ramie Road
Clermont FL 34711	Clermont FL 34711

The name and the Florida street address of the registered agent are:

Douglas Cochran		
-	Name	
1829 Ramie Road		
Florida street addres	55 (P.O. Box <u>NOT</u> ac	cceptable)
Clermont	FL	34711
City	State	Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JUL 12 PH 7: 16

· Au	<b>le:</b> MBR" = Authorized	Member	Name and Address:		
"M	GR" = Manager				
<u>AN</u>	MBR		Douglas Cochran		
			1829 Ramie Road		
			Clermont FL 34711		
AN	MBR		Amanda Cochran		
		-	1829 Ramie Road		
			Clermont FL 34711		
_		_			
		-			
TICLE V	ive date is listed, the	other than the date of files that the specific date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days aft		
date of fl te: If the	date inserted in this	s block does not meet to the Department of St	the applicable statutory filing requirements, this date will not be listed ate's records.		
date of flore: If the documer	date inserted in this	the Department of St	the applicable statutory filing requirements, this date will not be listed ate's records.		
date of fi	e date inserted in this nt's effective date on	if any.	the applicable statutory filing requirements, this date will not be listed ate's records.		
date of fi	e date inserted in this nt's effective date on VI: Other provisions, EQUIRED SIGNAT S This de	if any.  URE:  Signature of a membe ocument is executed in	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.		
date of flote: If the e document	e date inserted in this nt's effective date on VI: Other provisions, EQUIRED SIGNAT  S This de	if any.  TURE:  Signature of a member occurrent is executed in ware that any false info	r or an authorized representative of a member.		
date of fi te: If the documen	e date inserted in this nt's effective date on VI: Other provisions, EQUIRED SIGNAT  S This do I am av constitu	if any.  TURE:  Signature of a member occurrent is executed in ware that any false info	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State		

Filing Free:

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