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(R	equestor's Name)	
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COVER LETTER

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Division of Corporations 2558 Shadybranch Drive, LLC SUBJECT: 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: Richard Jason Deese Name of Person Firm/Company 3228 Stonewood Ct. Address Orlando, FL 32806 City/State and Zip Code jason@florala.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard Jason Deese 398-1800 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: 125,00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address Street Address** New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:					
2558 Shadybranch D						
(Must cont	ain the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the L	imited Liability Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:			
3228 Stonewood Ct	Orlando, FL 32806		3228 Stonewood Ct Orlando, FL 32806			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registration	Registered A on.) I agent are: Name	gent. You must designate an individual or		2019 AUG - 1 AM 11: 13	
	Orlando	FL_	32806			
	City	State	Zip			
place designated in this certificate further agree to comply with the p	. I hereby accept the app rovisions of all statutes rolligations of my position	ointment as re elating to the as registered	for the above stated limited liability compa egistered agent and agree to act in this cape proper and complete performance of my du agent as provided for in Chapter 605, F.S Signature (REQUIRED)	acity. I		

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Richard Jason Deese
	3228 Stonewood Ct
	Orlando, FL 32806
AMBR	Jennifer Raley Deese
	3228 Stonewood Ct
	Orlando, FL 32806
	
(Use attachment if necessary)	
·	. (OPTIONAL)
TCLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
TCLE V: Effective date, if other than the date n effective date is listed, the date must be s	te of filing:
TCLE V: Effective date, if other than the dat neffective date is listed, the date must be slate of filing.)	specific and cannot be more than five business days prior to or 90 days aft
TCLE V: Effective date, if other than the date neffective date is listed, the date must be slate of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
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ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) E: If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed as the content of the content	meet the applicable statutory filing requirements, this date will not be liste at of State's records.

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

Richard Jason Deese