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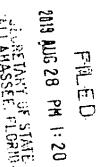
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COVER LETTER

	ew Filing Section vivision of Corporations	
	(i.)	11. W. 112 W.
SUBJECT	Name of Lin	nited Liability Company
	Name of Em	inted Biannity Examples,
The enclos	sed Articles of Organization and fee(s) ar	e submitted for filing.
Please retu	irn all correspondence concerning this ma	itter to the following:
	Santi	resa Butler
		Name of Person
	5721 Dr	urshing Man
		Address
	Tollah	assee,71 32303
	- ICHICH	City/State and Zip Code
	DUHIER 80	ontamail.com
	E-mail address: (to be used	for future annual report notification)
For further	information concerning this matter, pleas	se call:
	Sontrey Botter an	1018 524-5951
		Area Code Daytime Telephone Number
	is a check for the following amount:	
\$125.00	Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		•
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is: MS Make N Boke L C	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
524 North Martin Laharking Blod Apt 107 Tallahussel, FL 32301 Tallahussel FL 22	36.°1
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	2214
The name and the Florida street address of the registered agent are:	
Santresa Butter	6 2 f
Name Sign	LED B PR
Florida street address (P.O. Box NOT acceptable)	PH 1: 20
Tallalvissee 71 32303	: 20
City State Zip	J —
Having been named as registered agent and to accept service of process for the above stated limited liability company at to olace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, a am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S Registered Agent's Signature (REQUIRED)	1

(CONTINUED)

·	rson authorized to manage and control the Limited Liability Company: Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Same and Address.
"MGR" = Manager A) Ct R	Santresa Butler 5121 Danespur, Way Tallatrosee, FL 32363
	2818 ALUS 2 A HAS
	B PH I:
	20
(Use attachment if necessary)	
(If an effective date is listed, the date mus the date of filing.)	the date of filing:
REOUIRED SIGNATURE:	
Signature	of a member of a nontharized representative of a member
This document is I am aware that a	of a member of an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.