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COVERLETTER

TO: New Filing Section Division of Corporations
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:
Frances Butler
Name of Person
1112 Nandina CT
Tallahassee, FL 32308
City/State and Zip Code FOUT COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frances Butter at (850) 303-8374 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$ Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 323 14

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

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
1112 Nandina CT Tallahassee, FL 32308	1112 Nardina CT Tallahassee, FL 32308
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	1 Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	0
Christopher J.	Butter
Name	\
1112 Nandina C	ourt
Florida street address (P.O. Box)	NOT acceptable)
Tallahassee FL City State	32308
City State	Zip
Flaving been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as r further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered. Registered Agent's	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I

(CONTINUED)

Title:	person authorized to manage and control the Limited Liability Company: Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager AMBR / MGR	Christopher J. Butler 112 Nandim Gust Tallahassee, FL, 32308 Tylaves Butler 1112 Nandina CT Tallahassee, FL 32308
(If an effective date is listed, the date the date of filing.)	nan the date of filing: September 10,2019. (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after t does not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any	
This docume Lam aware t	ure of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. TYANCE BUHE 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)