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FLORIDA LIMITED LIABILITY CO. 3250 PRESCOTT STREET NORTH, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3250 PRESCOTT STREET NORTH, LLC

(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:	Malling Address:		
2111 AUSTIN WESTON, FLORIDA 33326	SAME AS PRINCIPAL		

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.)

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

RA	
Name	
(P.O. Box NOT acce	ptable)
FLORIDA	33326
State	Zip
	Name (P.O. Box <u>NOT</u> acce FLORIDA

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 ny duties, and a manufamiliar with and accept the obligations of my position are registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

Titk: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	LESLIE ALESSANDRA
	2111 AUSTIN
	WESTON, FLORIDA 33326
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(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware 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. LESLIE ALESSANDRA 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)