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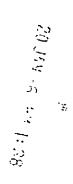
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## COVERLETTER

TO: New Filing Section

Division of Corporations
SUBJECT: USA DATE & LAW FIRM LLC Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wilbert Stantey Name of Person
USia Viriled LAW firm LLC Firm/Company
113 South Morpol St, 151 Far
City/State and Zip Code  Vir Led Law Firm USA & gmail. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$\frac{\cappa_50}{\text{Area Code}}\)  Name of Person Area Code Daytime Telephone Number
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 & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RТ	ICT	I F	I - Name	٠
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The name of the Limited Liability Company is:

(Musi conatin the words "Limited Liability Company, "L.L.C.," or "L.C.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
113 S Monroe St	113 5 monroe st.
Tallahassee Clorida	Tollahaskep Florida
3 3 301	32301

### 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:

- Wilbert Stanley

Name

113 S MONYO 2 51

Florida street address (P.O. Box NOT acceptable)

Tallahastee florida 32301

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. Thereby 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 | Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

7 VIVE - VIIIIIII VED CICIOIE	
"AMBR" = Authorized Member "MGR" = Manager	
MAGAR	wilbert Stanley
	Tallahasgee Elorfila 3030/ 113 S. Nonro e St.
	3030
	113 S. Nenvoe It.
(Use attachment if necessary)	
<b>CLE V</b> : Effective date, if other than the date	e of filing:
ate of filing.)  1 If the date inserted in this block does not becoment's effective date on the Department.	
: If the date inserted in this block does not	
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Eff the date inserted in this block does not becoment's effective date on the Department	meet the applicable statutory filing requirements, this date will not be list tof State's records.
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