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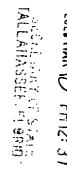
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Special Instructions to	Filing Officer:	
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## COVER LETTER

то:	New Filing Section Division of Corporations			
SUBJEC	T: 1744 PH	CLLC	= 63	
	Name (	of Limited Liability Company	1021 ACI	
			<u> </u>	
The enc	losed Articles of Organization and fee	e(s) are submitted for filing.	ASS	,
Please re	eturn all correspondence concerning the	his matter to the following:		}
	BRET	+ B. Johnson Name of Person	ALLAHASSES TIGHT	; ;
		Name of Ferson		
	(ON 3	Firm/Company	<del> </del>	
		Firm/Company		
	7040 F	Bright CREEK DR.		
		City/State and Zip Code egmail.com		
	bb;543	City/State and Zip Code  eqmail.com		
	E-mail address: (to be	used for future annual report notification)		
For furthe	r information concerning this matter,	please call:		
	Liz Johnson	at (312) 961 · 7299		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed	I is a check for the following amount:			
<b>L</b> eine	00 Filing Fee □\$130.00 Filing F	C. R. FISSON DELLA DIL R. F. FISSON FILES	AA PUL . P	
الشا وهوا	00 Filing Fee ☐\$130.00 Filing F Certificate of State		0.00 Filing Fee, cate of Status &	
			ed Copy al copy is enclosed	١
		(Authorn)	ar copy is enclosed	,
	Mailing Address	Council & d.d		
	Mailing Address  New Filing Section	Street Address  New Filing Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

The name of the Limited Liability Compan	y is:		
1744	PHC	LLC	
(Must conatin the wor	rds "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	

#### ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
7040 Bright CREEK DR. SARASO +A, Fl. 34231	7040 Bright CREEK DR. SARASLIA, Fl. 34231

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:

BREH B. Johnson

Name

7040 BRIGHT CREEK DR.

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

SARASota FL. 34231

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, 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 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's Signature (REQUIRED

(CONTINUED)

### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Elizabeth H. John: 1319 CANFERDURY LA GLENVIEW, II 600	50,V 1. 125	-  -	
			- - -	
(Use attachment if necessary)			- - -	
(If an effective date is listed, the date must be sp the date of filing.)	of filing:	ior to or 90	•	
This document is execu- I am aware that any falso	ember or an authorized representative of a member ted in accordance with section 605.0203 (1) (b). Floride information submitted in a document to the Departme e felony as provided for in s.817.155, F.S.	la Statutes. ent of State		
E		آھ <sub>ِ</sub> :	202 <b>0 HA</b> R	