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(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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NOV [, ___]

COVER LETTER

SUBJECT: L. L. C. Name o	of Limited Liability Company	que
The enclosed Articles of Organization and fee((s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Montes	Name of Person	
hhc. 1000+	YS Dutog	UE.
1002 Le	S DP VE	
Dontors Sermail address: (to be	City/State and Zip Code City/State and Zip Code used for future annual report notification)	93211 Com
For further information concerning this matter, p	please call:	
Montross, Stalling Name of Person	Area Code Daytime Telephone Number	} —
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Statu	s Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	0.00 Filing Fee, icate of Status & ied Copy nal copy is enclosed)
M 112 A A A	6	

Mailing Address

TO:

New Filing Section
Division of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," of "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:

1000 Ecol Silve

1011 From Casch Ho

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:

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

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)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

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.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)