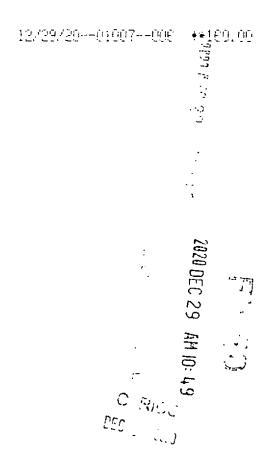
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| (Red                      | questor's Name)   | -           |
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| Certified Copies          | Certificates      | s of Status |
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| Special Instructions to F |                   |             |
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## COVER LETTER

| TO:      | New Filing Sect<br>Division of Corp |  |  |  |
|----------|-------------------------------------|--|--|--|
| SUBJE    | :cт: <i>U</i> Г                     | lo Met Mar                                   | Vaire Mert LLC<br>ted Vability Company   | <del> </del>   |
| The end  | closed Articles of 0                | Organization and fee(s) are                  | submitted for filing.  |  |
| Please   | return all correspo                 | ndence concerning this matt                  | ter to the following:  |  |
|          |                                     | Carey M.                                     | TVL/ IJ<br>Name of Person  |  |
|          |                                     | 20 <b>2</b> 0 Praj                           | Ct Managemes   | wt   |
|          | <u> </u>                            |  | Address WiNHC  | _  |
|          |                                     | <del>-</del>                                 | PANK PV 3276 ty/State and Zip Code  O GMAIL COM  for future annual report notificati |  |
|          | Ł                                   | E-mail address: (to be used)                 | for future annual report notificati  | on)  |
| For furt | ner information co                  | ncerning this matter, please                 | call:  |  |
|          | Curry Nam                           | at (at (                                     | Pea Code Daytime Telephon  | S<br>e Number  |
| Enclos   | sed is a check for t                | he following amount:                         |  | ,  |
| □\$12    | 5.00 Filing Fee                     | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)                  | Certificate of Status & Certified Copy (additional copy is enclosed) |
|          |                                     | ng Address                                   | Street Address New Filing Section D  | ivision  |

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

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

|  | the words "Limited Liability   | Company, "L.L.C.," or "LLC.")                     |   |
|--|--|---|---|
| RTICLE II - Address:<br>ne mailing address and street addr | ress of the principal office of                                      | the Limited Liability Company is:                 |   |
| Principal (  | Office Address:  | Mailing Ac  | ddress:                                 |
| 5415 Lake H  |  | 5415 Luce Ha<br>winter fack,                      | vell Kd                                 |
| e name and the Florida street ado                          | dress of the registered agent a                                      | ire:  |   |
| e name and the Florida street add                          | Carly M. Name  | tvery   | - •.                                    |
| he name and the Florida street add                         | Name  5415 LAKE H  Florida street address (P.O.                      | DWELL ICA Box NOT acceptable)                     | - ·.                                    |
| the name and the Florida street add                        | Name  5415 Lake H  Florida street address (P.O.  Winter Park  City S | Well Id  Box NOT acceptable)  [L 32792  state Zip | - · · · · - · · · · · · · · · · · · · · |

(CONTINUED)

| Title: "AMBR" = Authorized Member              | Name and Address:   |
|--|---|
| "MGR" = ManagerMC-R                            | Curry M. Ivery<br>5418 Large Howe 4 Rd<br>Winter Part Pr 32792  |
|  |   |
|  |   |
| (Use attachment if necessary)                  |   |
| (If an effective date is listed, the date must | the date of filing:   |
| ARTICLE VI: Other provisions, if any.          |   |
| This document is                               | executed in accordance with section 605.0203 (1) (b), Florida Statutes.  y 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.  Curry M. Tyry  Typed or printed name of signee  |

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)