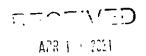
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COVER LETTER

TO: New Filing Sec Division of Co		
	III FT Investments LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Organization and fee(s) are submitted for filing.	ZUZI APK ZU
Please return all corresp	ondence concerning this matter to the following:	7.5
Beryl N Sto	kes, III	
	Name of Person	
		л С
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
6750 Tuscav	willa Dr	
.	Address	
Leesburg, F		
S. I	City/State and Zip Code	
Stokecpa@gr	nail.com E-mail address: (to be used for future annual report no	ification)
		incutions
For further information co	oncerning this matter, please call:	
Beryl N Stok	tes, III 352 406-2518	
	ne of Person Area Code Daytime Tel	
Enclosed is a check for t	the following amount:	
■\$125.00 Filing Fee	□\$130.00 Filing Fee & □\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status &

Mailing Address

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:

BN Stokes III FT Investments 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:
6750 Tuscawilla Dr 6750 Tuscawilla Dr
Leesburg, FL 34748 Leesburg, FL 34748

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:

Beryl N Stokes, III 6750 Tuscawiłla Dr Leesburg, FL 34748

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

(CONTINUED)

•

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

Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager

Managing Member

Beryl N Stokes, III 6750 Tuscawilla Dr Leesburg, FL 34748

ARTICLE V: Effective date, if other than the date of filing: Immediate

ARTICLE VI: Other provisions, if any. None

REQUIRED SIGNATURE:

Beryl N Stokes, III Name of Signee

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.

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Managing Member

Beryl N Stokes, III 6750 Tuscawilla Dr Leesburg, FL 34748

ARTICLE V: Effective date, if other than the date of filing: Immediate

ARTICLE VI: Other provisions, if any. None

REQUIRED SIGNATURE:

Beryl N Stokes, III Name of Signee

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.