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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Alice Ware a LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alice Ware Name of Person
Firm/Company
4981 SE Plumotto Road Address
Stuatt, FL 3497 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alice L. Ware at (772) 2863057 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
Mailing Address New Filing Section Street Address New Filing Section Division

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

ARTICLE I - Name: The name of the Limited Liability Company is:		
- Alice ware		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4981 SE Pampto Road Stuart, FL 34997	4981 SE Palmete Stuan, FL 3499) Rd. 97
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		ual or
The name and the Florida street address of the registered agent ar	re:	
Alice Ward	<u>e</u>	
HOSI SE PAIN Florida street address (P.O. B Stuart Fu City Sta	Petto Rad Box NOT acceptable) 3497 ate Zip	
Having been named as registered agent and to accept service of pro- place designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registe	as registered agent and agree to act in this the proper and complete performance of t	s capacity. I my duties, and I
Registered Age	, Ware (REQUIRED)	
(CON	TINUED)	
		FILET 21 JUN 28 PM 12: 43 ALLANASSEE FILERDA

	Name and Address:	7/2/ <i>9</i> 1
'AMBR" = Authorized Member 'MGR" = Manager	Alice L. Ware	AW
	• • • —	
WOOD WOR	4981 SE Palmett	1 Houa
	Stuart, FL 34997	
		
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Use attachment if necessary)		
•	M-1-01	
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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)