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COVER LETTER

10: New Filing Sec Division of Co			
SUBJECT:	Name of Lim	elopment Control Liability Company	Group, LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspond	ondence concerning this ma	tter to the following:	
	Danielle	S. Rado	
		Name of Person	
 		Firm/Company	
	7. (11	\sim 1
	<u> </u>	Address	1000.
		Address	
	Profi	ect CT	06712
	((ity/State and Zip Code) ()
	Garlelle E-mail address: (to be used	for future annual report notificat	ion)
	·	·	ionj
For further information co	ncerning this matter, please	call:	
Danielle	e S. Rado al (2	20317554	465
Nam		rea Code Daytime Telephor	ne Number
			/
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailie	en Addwore	Straat Address	

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:

(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 the Limited Liability Company is:

Principal Office Address:	Mailing Address:
19930 Beach Road	20 Southvidge Read
11nit 301	Prospect CITO6712
Tupiter FL 33469	

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:

Hatvicia Hadding Name

Somewhat Idvive

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

Halm Reach Gardens FL 33418

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:

U A A 4 D D U A A	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Edward T. Rado 39 Salt Rock 10060H CT 06716
AMBR	Danielle S. Rado 20 Southvidge Road Prospect, \$100712
(If an effective date is listed, the date must b the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departn ARTICLE VI: Other provisions, if any.	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)