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Division of Corporations

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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FLORIDA LIMITED LIABILITY CO. EGRADUAN LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GRADUAN LLC
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16820 GOLDSTAR COURT	16820 GOLDSTAR COURT COU
CLERMONT, FL 34714	CLERMONT, FL 34714
	tered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of	tered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an individual or ida registration.) the registered agent are:
(The Limited Liability Company cannot se another business entity with an active Flor	tered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an individual or ida registration.) the registered agent are:
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of NEKEA WHIT	tered Office, & Registered Agent's Signature: The registered Agent. You must designate an individual of the registered agent are: SON Name
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of NEKEA WHIT	tered Office, & Registered Agent's Signature: The registered Agent. You must designate an individual of the registered agent are: SON Name
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of NEKEA WHIT	tered Office, & Registered Agent's Signature: Eve as its own Registered Agent. You must designate an individual of policy idea registration.) The state of the registered agent are: SON Name STAR COURT

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)

NEKEA WHITSON

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	NEKEA WHITSON
	16820 GOLDSTAR COURT CLERMONT, FL 34714
<u> </u>	ALLAHABSES, F
	SEP -1

(Use attachment if necessary)	
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)	date of filing: (OPTIONAL) especific and cannot be more than five business days prior to or 90 days after
ETICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Man
(In accordance with sect constitutes an affirmation I am aware that any fals	member or an authorized representative of a member. ion 605.0203 (1) (b). Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, ie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
	MERCEAURITOON
	NEKEA WHITSON Typed or printed name of signee