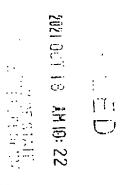
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#### COVER LETTER

ng Section of Corporations		
Stefanie Bau	er L.L.C.	
Name of L	imited Liability Company	
eles of Organization and fee(s)	are submitted for filing.	
prrespondence concerning this i	natter to the following:	
	Stefanie Bauer	
	Name of Person	
	Firm/Company	
2424 1	N Federal Highway #150	
	Address	
В	oca Raton, FL 33431	
F-mail address: (to be use	pauer793@gmail.com	ont
		ony
ton concerning this matter, piea	se can.	
· · · · · · · · · · · · · · · · · · ·	954) 540-8128	
Name of Person	Area Code Daytime Telephone	: Number
c for the following amount:		
S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Jailing Address	Street Address	
New Filing Section Division of Corporations		ons
O. Box 6327	Clifton Building	
	Stefanie Bau Name of L  cles of Organization and fee(s) and correspondence concerning this response to the concerning this matter, please to c	Stefanie Bauer L.L.C.  Name of Limited Liability Company  Cles of Organization and fee(s) are submitted for filing.  Depression of Person  Stefanie Bauer  Name of Person  Firm/Company  2424 N Federal Highway #150  Address  Boca Raton, FL 33431  City/State and Zip Code  sibauer793@gmail.com  E-mail address: (to be used for future annual report notification concerning this matter, please call:  Stefanie Bauer  at (954)540-8128  Name of Person  Area Code Daytime Telephone  of for the following amount:  S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  Address  Street Address New Filing Section Division of Corporations  O. Box 6327  Street Address New Filing Section Division of Corporation Clifton Building

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		St	efanie Bauer L.L.C	2.
•	(Must cont	ain the words "Lim	ited Liability Compan	y, "L.L.C.," or "LLC.")
	II - Address: g address and street a	ddress of the princi	pal office of the Limite	ed Liability Company is:
	<u>Princip</u>	al Office Address:		Mailing Address:
	2424 N Federal			2424 N Federal Highway
-	Suite 15			Suite 150
-	Boca Raton, F	L 33431		Boca Raton, FL 33431
	nd the Florida street :	S	Name Pederal Highway Su	uite 150
			dress (P.O. Box NOT	
			ca Raton, FL 3343	
		City	State	Zip
iace aesigna irther agree	ted in this certificate,	I hereby accept the ovisions of all statut ligations of m	appointment as registe	te above stated limited liability company at the red agent and agree to act in this capacity. It and complete performance of my duties, and Chapter 605, F.S

(CONTINUED)



<u>Title:</u> "AMBR" = 7 "MGR" = M	uthorized Member nager	Name and Address:
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
CLE V: Effective ffective date is the of filing.)		ific and cannot be more than five business days prior to or 90 days a
CLEV: Effective date is the of filing.) If the date insercument's effection	date, if other than the date of isted, the date must be specied in this block does not mede date on the Department of	the and cannot be more than five business days prior to or 90 days a et the applicable statutory filing requirements, this date will not be list
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ARTICLE IV-