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## COVER LETTER

	vision of Corp				
SUBJECT:		tments FL, LLC			
300.1201		Name of Limi	ted Liabilit	y Company	
The enclose	ed Articles of G	Organization and fee(s) are	submitted (	or filing.	
Please retur	n all correspo	ndence concerning this mat	ter to the fo	llowing:	
	Chris Turner				
			Name of I	Person	
	Scott L. Soel	perg. P.C.			
			Firm/Cor	npany	
	837 East 120	9 South			
			Addre	SS	
	Orem, Utah	84097			
			ty/State and	l Zip Code	
1	nsayavong l@				
	F	I-mail address: (to be used	for future a	anual report notificati	on)
or further in	nformation co	ncerning this matter, please	call:		
	Chris Turner	80 at (		494-8494 )	
	Nam			Daytime Telephon	e Number
Enclosed is	s a check for th	ne following amount:			
□Si25.00	Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☑S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# 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

TLE 1 - Name: me of the Limited Liability Company is:	
P & B Investments FL, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ICLE II - Address:	Sale of Section Communication
ICLE II - Address: nailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
nailing address and street address of the principal office	
nailing address and street address of the principal office  Principal Office Address:	Mailing Address:

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:

Patrick Sayavong		
	Name	
1123 Driftwood Point	Road	
Florida street address	(P.O. Box <u><b>NOT</b></u> ac	rceptable)
Santa Rosa Beach	Fl	32459
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..

,

(CONTINUED)

## ARTICLE IV-

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

A KADDU - A collection of A formbour	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	Patrick Savavone	
	1123 Driftwood Point Road	
	Santa Rosa Beach, FL 32459	
MGR	Bonha Sayayong	
	Bonha Savayong 1123 Driftwood Point Road	
	Santa Rosa Beach, FL 32459	
Use attachment if necessary)		
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