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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Seat At The Table, 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:
Signiag - Daniel Hall Name of Person
Seat At The Tabl
777 N. ASMEY DRIVE Stute 1006
Jampe T 33602  Cirl/State and Zip Code
Sipsaugusia Damail (om)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shanla's Daniel at (470) 437 - 9711  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  □S155.00 Filing Fee & 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

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

ARTICLE 1 - 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:
Shanler Daniel Hall 177 N. Ashley Drive #1006
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:
Shaning Daniel - Hell
Name
777 N Ashier Drive Suite 1006
Florida street address (P.O. Box NOT acceptable)
James F1 33602
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)

Title: "AMBR" = Authorized S	Name and Address: lember
"MGR" = Manager A-NNDV	Gradus Danie!
-1444-	ASKIEL DR HICOL
AMBIL	- Tecropic 17-1 33602
111123	1-1 W MSD (24) # 1000
	- Territo ( F1 33602
AMBR	Mark Daniel
	10000 151 J33605
an effective date is listed, the	her than the date of filing: 1   1   2 0 2   (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days after
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ARTICLE IV-