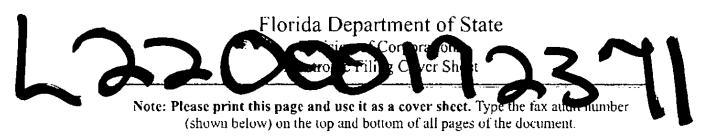
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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FLORIDA LIMITED LIABILITY CO. Griffiths Family RE LLC

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Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Page: 3 of 4

Griffiths Family RE LLC

(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:

81 Sicepy Hollow Rd.	81 Sleepy Hollow Rd.
Essex Jct, VT 05452	Essex Jet, VT 05452

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:

C T Corporation System Name

1200 South Pine Island Road

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

Plantation	Florida	33324
City	State	Zin

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. Thereby 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-

From: Lexus Wingo

as

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
-	Delines Califfolia
	Britany Griffiths 81 Sleepy Hollow Rd.
	Essex Juntion, VT05452
	<u> </u>
	Kristopher Griffiths
	81 Sleepy Hollow Rd.
	Essex Junction, VT 05452
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