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## COVER LETTER

Division of Cor				
SUBJECT:	MORGAN,	1-1-6		
	Name of Linu	ted Liability Company	<del>-</del>	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
	Luis '	D. MORALES		
		Name of Person	•	
<u></u>	LUN	LORSAN, LLC		
		Firm/Company		
135	DWEETWATER C	TRUE		
		Address		
CRAW	FORDITUE, F	L. 32327		
السمم	^	ty/State and Zip Code		
_lumon	E-mail address: (to be used	for future annual report notificats	งก)	22 JUN
For further information co	meerning this matter, please	call:		22 JUN 14 AH 3: 45
l vie T	). Morales ut (1	850 ) 559- <b>8</b> 2	10	<u>.</u>
		ea Code Daytime Telephon	Number	<u>ر</u> ي .
Enclosed is a check for t	he following amount:			5.4
□\$125.00) Filing Fee	Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	:
	ng Address	Street Address New Filing Section D	ivision	
	Filing Section ion of Corporations	The Centre of Tallah		

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RTICLE II - Address:		
e mailing address and street a	iddress of the principal office o	f the Limited Liability Company is:
<u>Princip</u>	oal Office Address:	Mailing Address:
135 Sweety Connectivitie	octer Circle , FL 32327	commonwer ente
***************************************		
e Limited Liability Company		distered Agent's Signature: tered Agent. You must designate an individual or
ne Limited Liability Company other business entity with an	y cannot serve as its own Regis	tered Agent. You must designate an individual or
The Limited Liability Company tother business entity with an	y cannot serve as its own Regis active Florida registration.) address of the registered agent	tered Agent. You must designate an individual or are:
the Limited Liability Company nother business entity with an	y cannot serve as its own Regis active Florida registration.)	tered Agent. You must designate an individual or are:
The Limited Liability Company nother business entity with an	y cannot serve as its own Regis active Florida registration.) address of the registered agent	are:
he Limited Liability Company other business entity with an	y cannot serve as its own Regis active Florida registration.)  address of the registered agent  Luis D. Monda  Nam  145 Sweetwater	are:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager	
MGR	Luis D. MORALES
	135 Sweethooter circle
	Crawfordville, FL, 32327
<del></del>	
(Use attachment if necessary)	
ite: If the date inserted in this block does not	ment the applicable structure filing requirements, this date will not be listed a
document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
e document's effective date on the Department	t of State's records.
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TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	of State's records.
TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE  Signature of a n	of State's records.
REQUIRED SIGNATURE  Signature of a n  This document is elec-	of State's records.
REQUIRED SIGNATURE  Signature of a in  This document is executed any state of the s	nember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, are following provided for in \$ \$17.155. E.S.
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REQUIRED SIGNATURE.  Signature of a n  This document is exect I am aware that any falconstitutes a third degree.	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155. F.S.  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

ARTICLE IVThe name and address of each person authorized to manage and control the Linated Liability Company: