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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Dissolution / Withdrawal			1	Art, of Amend, File
Annual Report / Reinstatement				RA Resignation
Cert. Copy				Dissolution / Withdrawal
Photo Copy				Annual Report / Reinstatement
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Officer Search				Certificate of Fictitious Name
Fictitious Search				Corp Record Search
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Vehicle Search				Fictitious Search
Vehicle Search	Signature			Fictitious Owner Search
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Walk-In Will Pick Up Courier				UCC 11 Search
	Name	Date	Time	UCC 11 Retrieval
	<u> </u>			Courier

COVER LETTER

Division of Cor				
Aragon Re	alty One LLC			
SUBJECT.	Name of Lin	uited Liabil	ity Company	
The enclosed Articles of	Organization and fee(s) are	submitted	for filing.	
Please return all correspo	ondence concerning this ma	tter to the	following:	
Justin Zeig				
		Name of	Person	
Zeig Law Fi	rm			
		Firm/Co	прапу	
3475 Sherida	an Street, Suite 310			
		Addr	css	
Hollywood,	FL 33021			
justin@zeigla		ty/State an	d Zip Code	
	E-mail address: (to be used	for future a		on)
For further information con	ncerning this matter, please	call:		
Justin Zeig	75. at (217-3084	
Name		ea Code	Daytime Telephon	e Number
Enclosed is a check for the	ne following amount:			
■\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327 assec. FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

<u>Princ</u>	ipal Office Address:		Mailing Address:	
14473 Draft Horse	Lane		Wellington, FL 33414	
Wellington, FL 334	414	We		
other business entity with a	n active Florida registratio	on.)	You must designate an individual	
other business entity with a	n active Florida registration active Florida registered	on.)	Tou must designate an individual	
other business entity with an	n active Florida registratio	on.)	Tou must designate an individual	
other business entity with a	n active Florida registration active Florida registered	d agent are:	Tou must designate an individual	
other business entity with a	n active Florida registration active Florida registered address of the registered Sandy Nadler	on.) d agent are: Name		
other business entity with a	n active Florida registration at address of the registered Sandy Nadler 14473 Draft Horse L	on.) d agent are: Name		

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. Ifurther 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..

/S/ Sandy Nadler
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR	" → Authorized Member	Name and Address:	
	= Manager		
MGR		My Kids Holdings LLC	
		14473 Draft Horse Lane	
		Wellington, FL 33414	
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ARTICLE V: Eff (If an effective da the date of filing.)	te is listed, the date must be spe	of filing: ecific and cannot be more than five busineet the applicable statutory filing require	ness days prior to or 90 days after
the document's ef	fective date on the Department of	of State's records.	ments, this date will not be listed as
	her provisions, if any.		
REOUL	RED SIGNATURE:		
	/5/ 9	Sandy Nadler	
	Signature of a mar	mber or an authorized representative o	F
	This document is execute	ed in accordance with section 605.0203 (1	i a member. (b) Florida Statutes
	I am aware that any false	information submitted in a document to the	he Department of State
	constitutes a third degree	felony as provided for in s.817.155, F.S.	
	Sandy Nadler		
	Editor (Total	Typed or printed name of signee	
		· · · · · · · · · · · · · · · · · · ·	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)