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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T. SCOTT

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CABLE AND/OR VIDEO FRANCHISING OF CORPORATIONS

DIVISION LUBE SEAFION.
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: 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: |
| PARCY DENSON Name of Person |
| Ley Holder Billionaires Firm/Company |
| 152 Dixit Drive. Address |
| Talanasee, Fl. 3230H City/State and Zip Code Taly (Kdenson 2100 cmail. cm) E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Patrick Denson at (P50) 405-5050 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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:

132 Dixie DR

TOUGHOUSER, F1, 32304

TOUGHOUSER, F1, 32304

TOUGHOUSER, F1, 32304

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:

Flmer Denson

3205 NW 83rd St., Apt. 714A Florida street address (P.O. Box NOT acceptable)

Gairsville, Fl , 32 lette

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 603. F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| MGR | Patrick Denson 132 Dixie Drive Tallahassee, F1, 32304 |
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| (Use attachment if necessary) TICLE V: Effective date, if other than the da | te of tiling: (OPTIONAL) |
| TICLE V: Effective date, if other than the da an effective date is listed, the date must be s date of filing.) ote: If the date inserted in this block does not | specific and cannot be more than five business days prior to or 90 days afton the applicable statutory filing requirements, this date will not be listed |
| CTICLE V: Effective date, if other than the data an effective date is listed, the date must be seed that of filing.) | specific and cannot be more than five business days prior to or 90 days afton the applicable statutory filing requirements, this date will not be listed |
| ATTICLE V: Effective date, if other than the date an effective date is listed, the date must be seed date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department. | specific and cannot be more than five business days prior to or 90 days afton the applicable statutory filing requirements, this date will not be listed |
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| RTICLE V: Effective date, if other than the date an effective date is listed, the date must be seed at effective date inserted in this block does not edocument's effective date on the Department RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range | meet the applicable statutory filing requirements, this date will not be listed at of State's records. Care an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes. Ise information submitted in a document to the Department of State |