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				Art of Inc. File	
				LTD Partnership File	_
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	_
				Merger File	
				Art, of Amend, File	_
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	MODERN OUTLOOK VII, LLC	
30000	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	MICHELE DIGLIO-BENKIRAN, ESQUIRE	
	Name of Person	
	LEGAL COUNSEL, P.A.	
	Firm/Company	
	13330 W. COLONIAL DR. #110	
	Address	
	WINTER GARDEN, FL 34787	
	City/State and Zip Code	
	MICHELE@LEGALCOUNSELPA.COM	
	E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	
	MICHELE DIGLIO-BENKIRAN 407 982-4321	
	Name of Person Area Code Daytime Telephone Number	ა <u>ფ</u> ა :::
Enclosed	l is a check for the following amount:	2 (1) 2 (2)
≣\$125.0	00 Filing Fee	A STATE OF S
	Mailing Address Street Address	
	New Filing Section New Filing Section Division Division of Corporations . The Centre of Tallahassee	
	P.O. Box 6327 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
, , ,		
MODERN OUTLOOK VII, LLC		
(Must contain the words "Limite	d Liability Con	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principa	l office of the L	imited Liability Company is:
Principal Office Address:		Mailing Address:
604 Courtland Street #180		604 Courtland Street #180
Orlando, FL 32804		Orlando, FL 32804
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra) The name and the Florida street address of the register Legal Counsel PA 13330 W. Colonial Florida street address as the server as its or another business entity with an active Florida registra.	on Registered Ation.) red agent are: Name 1 Dr. #110	gent. You must designate an individual or
Winter Garden	FL	34787
City	State	Zip
	ppointment as re s relating to the p on as registered	egistered agent and agree to act in this capacity. I Proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S
_	_	Signature (REQUIRED)
Legal Cour	nsel, P.A./ B	y: Michele Diglio-Benkiran, Pres.
	(CONTINU	UED)

22 JUL -7 FH D. L.

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	Modern Outlook, LLC 1309 Coffeen Avenue, Stc. 1200
	Sheridan, WY 82801
	Sheridan, w r 62501
	
	
(1)	
(Use attachment if necessary)	
APTICLE V. Effective data, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	specific and cannot be more than five business gays prior to or 50 days and
	ot meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departm	
are document 3 effective date on the Departm	en of state s records.
ARTICLE VI: Other provisions, if any.	
	
REQUIRED SIGNATURE:	ULD DELL
Signature	
Signature of a	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
i ins document is ex	content in accordance with section 005.0205 (1) (0), Fibrida Statutes.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

Michele Diglio-Benkiran, Authorized Representative
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)

22 JUL -7 PHI2: 1.0

COVER LETTER

TO: New Filing Division of	Section Corporations		
MODE SUBJECT:	ERN OUTLOOK VII, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) are	e submitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
міснеі	LE DIGLIO-BENKIRAN, ESÇ	QUIRE	
		Name of Person	
LEGAL	COUNSEL, P.A.		
		Firm/Company	
13330 W	. COLONIAL DR. #110		
		Address	
WINTER	R GARDEN, FL 34787		
		ity/State and Zip Code	
MICHELI	E@LEGALCOUNSELPA.CO		
		for future annual report notificat	tion)
For further information	n concerning this matter, please	call:	
	E DIGLIO-BENKIRAN 40	982-4321)	
	· · · · · · · · · · · · · · · · · · ·	rea Code Daytime Telephor	ne Number
Enclosed is a check f	or the following amount:		
■\$125.00 Filing Fed	© \$130.00 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 enclosed)
Me	siling Addross	Straat Addrsor	

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