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## **COVER LETTER**

TO:	New Filing Sect Division of Corp				
SUBJI	1 spy 2819, 1	LLC			
5000		Name	of Limited Lia	bility Company	
The en	closed Articles of C	Organization and fee	e(s) are submitt	ed for filing.	
Please	return all correspor	ndence concerning t	his matter to th	e following:	
	Bonnie L Jone	es			
	<del></del> -	<del></del>	Name	of Person	<del></del>
			Firm/	Company	
	2250 Lee Roa	d STE 98			
	<del> </del>		Ac	ldress	
	Winter Park, 1	FI 32789			
	bbi=1050/2-		City/State	and Zip Code	
	nubbin1950@c		c used for futur	e annual report notificat	ion)
For furth		cerning this matter,		•	,
	Bonnie L Jone	-	407	629-1707	
			at (	)	
	Name	of Person	Area Code	Daytime Telephor	ne Number
Enclos	ed is a check for the	e following amount	:		
□\$12.	5.00 Filing Fee	■\$130.00 Filing Certificate of Stat	us Cert	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address		Street Address	
		ing Section n of Corporations		New Filing Section D The Centre of Tallah	
	P.O. Bo			2415 N. Monroe Stre	
		ssee, FL 32314		Tallahassee, FL 3230	•

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

I Spv 2819 ,LLC	<del></del>			
(Must cor	ntain the words "Limited Liah	ility Company, "L.L	C.," or "LLC.")	
E II - Address:				
ing address and street	address of the principal office	of the Limited Liab	oility Company is:	
Princi	pal Office Address:		Mailing Address:	
2250 Lee Rd STE 9	8	2250 Lee	2250 Lee Rd STE 98	
Winter Park, Fl 327	80	Winter D	Winter Park, Fl 32789	
E III - Registered Apited Liability Compan	gent, Registered Office, & Registered as its own Registerida registration.)	egistered Agent's S	Signature:	
E III - Registered Apited Liability Companious entity with an	gent, Registered Office, & R	egistered Agent's Sistered Agent. You	Signature:	
E III - Registered Apited Liability Companious entity with an	gent, Registered Office, & Rey cannot serve as its own Registered Florida registration.) t address of the registered age	egistered Agent's Sistered Agent. You ent are:	Signature:	
E III - Registered Apited Liability Companious entity with an	gent, Registered Office, & Rey cannot serve as its own Registered Florida registration.) t address of the registered age	egistered Agent's Sistered Agent. You	Signature:	
E III - Registered Apited Liability Companious entity with an	gent, Registered Office, & Rey cannot serve as its own Registered Florida registration.) t address of the registered age	egistered Agent's Sistered Agent. You ent are:	Signature:	
E III - Registered Apited Liability Companious entity with an	gent, Registered Office, & Rey cannot serve as its own Registration.)  t address of the registered age  Bonnie L Jones	egistered Agent's Sistered Agent. You ent are:	Signature: must designate an individu	
E III - Registered Apited Liability Companious entity with an	gent, Registered Office, & Rey cannot serve as its own Registered Serve as its own Registered agest address of the registered agest Bonnie L Jones  No. 2250 Lee Rd STE 98  Florida street address (P. 1980)	egistered Agent's Sistered Agent. You ent are:	Signature: must designate an individi	

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 605, F.S..

Bonie L Lon Mu Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUN 27 PM 1: 3

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address:

"AMBR" = Authorized Member "MGR" = Manager MGR Bonnie L Jones 2250 Lee Rd Ste 98 Winter Park fl 32789 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

Bonnie L Jones

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)