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NAME: 149 DEERFIELD, LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLE I - Name: The name of the Limited Liability Company is: 149 Deerfield, LLC (Must conatin 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: Mailing Address: 149 Deerfield Dr. 18848 Fetterbush Ct. Jupiter, FL 33458 Jupiter, FL 33458 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: Chad C. Groeling Name 18848 Fetterbush Ct. Florida street address (P.O. Box NOT acceptable) Jupiter

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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..

Chaol C Groeling

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Chad C. Groeling	
	18848 Fetterbush Ct.	
	Jupiter, FL 33458	<u> </u>
MGR	Karmen Kiviroglu	
	18848 Fenerbush Ct.	
	Jupiter, Fl. 33458	
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(Use attachment if necessary)		AM 10: 16
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ICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)	
ate of filing.)	specific and cannot be more than five business days prior to or or meet the applicable statutory filing requirements, this date will	•
locument's effective date on the Departme	nt of State's records.	, not be in
ICLEM OF THE		
ICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	ad C Graeling	

Chad C. Groeling, Authorized Signer

Typed or printed name of signee

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.