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COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	ENERSE Sen	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corru	spondence concerning this matt	ter to the following:	
	Anderson (Name of Person	
		Name of Ferson	
		Firm/Company	
2333	Madision Staffet 1	2, Holywood, FL 33	6.20
	linsfronty out 16	33020 Ly/State and Zip Code NCVC - COM Tor future annual report notification	on)
For further information	concerning this matter, please	call:	
	Non Colleny at 3	ea Code Daytime Telephone	
Enclosed is a check f	or the following amount:		/
□\$125.00 Filing Fe	e □\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	E1\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Di P.	ailing Address w Filing Section vision of Corporations D. Box 6327 llahassee, FL 32314	Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Reverse Sentence LLC	
(Must contain the words "Limited Liability Company "L.L.C." or "LLC.")	

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
2538 Modern St	2535 Mexison 34
Ge 1-12	A-2+ 12
Hillsury 1 1-1 - 500217	Helmond H 33,20
+	

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:

Anderson Collins

Name

23 38 Marken 5+ Ap+12

Florida street address (P.O. Box NOT acceptable)

Hollyward FL 35020

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECREIVARY CELSTATE

ARTICLE IV-

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

U 4 X 413 13 U 4	
"AMBR" = Authorized Member "MGR" = Manager	
Tidaso talias	
MOR	Anderson Cellins
	Andreson Cellins
	Hellywitch Fir 300 20
Δ	
17MOR	Destiny Collins
	2733 14 (130-) 31 ACT 12
	Hellymbright 33020
(Use attachment if necessary)	
the date inserted in this block does in ment's effective date on the Departm EVI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not nent of State's records.
REQUIRED SIGNATURE:	
h	. Com
Signature of	a member or an authorized representative of a member.
Signature of : This document is ex	recuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of: This document is explain aware that any	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Signature of: This document is explain aware that any	recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State
Signature of: This document is explain aware that any	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
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Signature of: This document is explain aware that any constitutes a third do	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
Signature of: This document is explain aware that any constitutes a third do	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee
Signature of: This document is explain aware that any constitutes a third do	recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Organization and Designation of Registered Agent Agent 703 703 703 703 703 703 703 70

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