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COVER LETTER

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| SUBJECT | : | Pasa of Name of Lim | lena by Sed ited Liability Company | , LLC |
| The enclose | ed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please retu | m all correspo | ndence concerning this mat | ter to the following: | |
| | | | Lisa Brocco | |
| | 1375 | SOUTH PAS | LISA BOCCO Name of Person A DEMA AVE: Firm/Company | 5 |
| | • | | Firm/Company | |
| | #: | 340 | | |
| | 50 | OUTH PASADE | Address LA ty/State and Zip Code | 33707 |
| _ | - | Lisa. Bro | ty/State and Zip Code CCO @ Comcast. | net |
| | F | -mail address: (to be used | for future annual report notificati | on) |
| For further is | nformation co | ncerning this matter, please | call: | |
| | Lisa 6 | roced at (| 615, 714 a | 1417 |
| | | c of Person Ar | ca Code Daytime Telephon | |
| Enclosed is | s a check for th | ne following amount: | | |
| □\$125.00 | Filing Fee | □\$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) |
| | Mailin | g Address | Street Address | indui-u- |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 I - Name: The name of the Limited Liability Company is: |
|---|
| Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| (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: 1375 S Pasadena Ave S 1375 S Pasadena Ne S # 340 South Pasadena, FL 33707 South Pasadena, FL 33707 South Pasadena, FL 33707 |
| 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: |
| LISA BCOCCO Name 1375 S. Pasadena Ave S # 340 Florida street address (P.O. Box NOT acceptable) S. V. H. Pasadena; Fl. 33707 City State Zip |

(CONTINUED)

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..

ARTICLE IV-

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

| Title: | Name and Address: | |
|--|--|-----------------------------------|
| "MGR" = Man | uthorized Member | |
| MOR = Man | Brocco Living Trust | m |
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