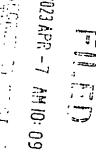
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1.	INDIGO LOTUS HOUSE LLC (CORPORATE NAME AND DOCUMENT #)							
2.	(CORPORATE NAME AND DOCUMENT #)							
3.	(CORPORATE NAME AND DOCUM	MENT #)						
4.	(CORPORATE NAME AND DOCUM	MENT #)						
5.	(CORPORATE NAME AND DOCUM	MENT #)						
6.	(CORPORATE NAME AND DOCUM	MENT #)		····	<u> </u>			
SPECIA INSTRU	L JCTIONS:							

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

W151.50 L 071.15	0.10				
INDIGO LOTUS H	OUSE LLC itain the words "Limited	Liability Company	"[] C "or "[] C ")		
	nam the words Emilieu	Elability Company	, E.B.O., Of EEC.)		
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited	I Liability Company is:		
Principal Office Address:			Mailing Address: 8330 Wildflower Drive		
8330 Wildflower D					
Brooksville, FL 34	Bro	oksville, FL 34602			
he name and the Florida street address of the registered agent are: Michael DeRitis Name 8330 Wildflower Drive				PR -7 MM 10: 09	19
	0.	أكمعتاه			
	Brooksville	FL_	34602	Fig. 39	
	City	State	Zip		
laving been named as registered lace designated in this certificate arther agree to comply with the p im familiar with and accept the or	r, I hereby accept the app rovisions of all statutes r bligations of my position /S/ Michael DeR	ointment as register elating to the prope as registered agent Litis	ed agent and agree to a r and complete perform as provided for in Chap	ct in this capacity. I unce of my duties, and I	
	Regist	ered Agent's Signa	ure (REQUIRED)		
		(CONTINUED)			

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 AMBR Michael DeRitis 8330 Wildflower Drive Brooksville, FL 34602 AMBR lan Morrell 28 Marilynn Street East Islip, NY 11730 (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.

REQUIRED SIGNATURE:

/S/ Michael DeRitis

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 his 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.

Michael DeRitis

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)