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For further information concerning this matter, please call:

Manaine Jusino at (904) 7963133

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

### Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

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 Liab	ility 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:
11133 M DNAINT LANDING DT JULICSON NK H. 37.28)	11133 Monaren Tarreling OX Julissandill A. 32257
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	ont are:

Marianne Jusno Name

11133 Monarch Janding Orive Florida street address (P.O. Box NOT acceptable)

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)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	10.0
MOR_	Marianne Jusino / 11133 monaris landing
	Jacksonvill 14. 32257
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(Use attachment if necessary)	
cument's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be list ent of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNAPURÉ;	
REQUIRED SIGNATURE:	
Nignature of a	member or an authorized representative of a member.
rignature of a This document is exe	seuted in accordance with section 605,0203 (1) (b). Florida Statutes.
Aignature of a This document is exe I am aware that any fa	reuted in accordance with section 605,0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State
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