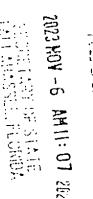
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COVER LETTER

TO:	New Filing Se Division of Co					
SUBJE	LAUREN CT:	BALCOMB LAND	HOLD	INGS, LL	.C	
		Name	of Lim	iited Liabi	lity Company	
The enc	losed Articles of	Organization and fe	e(s) аг е	submitted	d for filing.	
Please r	eturn all corresp	ondence concerning	this ma	tter to the	following:	
	Jon McGrav	;				
				Name of	Person	,,,,_,,
	McGraw Ra	uba Mutarelli PA				
	<u></u>			Firm/Co	ompany	
	35 SE 1st A	venue, Suite 102				
				Adda	ess	
	Ocala, Florid	ia 34471				
	jon@lawmrm	.com	Cit	ty/State an	d Zip Code	
	 		used f	or future a	nnual report notificat	ion)
For furthe	r information co	ncerning this matter,	please	call:		
	Jon McGraw		352 at (789-6520	
	Nam	e of Person	Are	ea Code	Daytime Telephon	e Number
Enclosed	i is a check for t	ne following amount:	:			
≣\$ 125.	00 Filing Fee	□\$130.00 Filing I Certificate of State		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fr Divisio P.O. B	g Address ding Section on of Corporations ox 6327 assec. FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee FL 3230	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liz	ability Company is:			
LAUREN BALC	OMB LAND HOLDING	S, LLC		
(Must	contain the words "Limited	d Liability Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limited	Liability Company is:	
<u>Prii</u>	ncipal Office Address:		Mailing Address:	
1941 NE 161st S		1941	NE 161st Street	
Citra, Florida 32	113		Florida 32113	
The name and the Florida str	eet address of the registere Jon McGraw			
	Jon McGlaw	Name		
	2000			
	35 SE 1st Avenue, S Florida street addres	ss (P.O. Box <u>NOT</u> ac	eptable)	
	Ocala	Florida	34471	
	City	State	Zip	
tace designated in this certific orther agree to comply with the	ate, I hereby accept the apper of the apper of all statutes representations of all statutes represented in the apper of the apper of the apper of the apper of the appearance	pointment as registered relating to the proper a	bove stated limited liability con agent and agree to act in this in and complete performance of my provided for in Chapter 605, F	capacity. I

ARTICLE IV-

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

"AMBR" = A	athorized Member	Name and Address:
"MGR" = Mai		
MGR	_	LeeAnn Wickett
		1941 NE 161st Street
		Citra, Florida 32113
	-	
(Use attachmer		
Hective date is li e of filing.) If the date inserte	sted, the date must be sed in this block does not	t meet the applicable statutory filing requirements, this date will not be list
Hective date is li e of filing.) If the date inserte	ed in this block does not be date on the Departmen	specific and cannot be more than five husiness days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be lis
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