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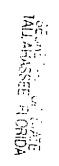
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: El fryt FAZIU LAYBOOT LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William R Flood Name of Person
Firm/Company
34 Tryal Trail
Address
LAMOUT Florida 32344 City/State and Zip Code WY Working Florid @ GMail. Com
WY holder Flored & Our all Cour
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William R Floyd at (850) 597 3751
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Taliahassee, 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 Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
24 Trigal Trail Limout FL 32336	POBOX 2 LAWOUT F1 32336

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:

Name

Name

34 Thigal Trail

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

Layout fl 32336

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR Will- 14 R Flayd	24 Trust Trail
Men hegenne F Flogis	34 Tright Trail
(Use attachment if necessary)	
·	date of filing: (OPTIONAL)
an effective date is listed, the date must b date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
te: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed
and a construction of the control of	nent of State's records.
document's effective date on the Departn	
document's effective date on the Departn TICLE VI: Other provisions, if any.	
·	

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 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.

William R Floyd

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)