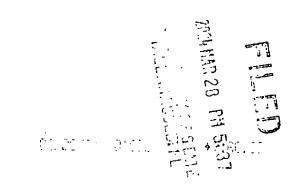
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Filing Sect						
	SUSAN EV	ANS INVESTMENTS, I.	LC				
SUBJECT:		Name of Lin	nited Liabi	lity Company		_	
The enclosed	Articles of (Organization and fee(s) are	e submittee	l for filing.			
Please return	all correspo	ndence concerning this nu	itter to the	following:			
J:	ames C. Bur	ns					
			Name of	Person			
В	urns Law Fi	rm of Palm Beach, P.A.					
			Firm/Co	ompany			
4	80 Maplewo	od Drive, Suite 5					
_			Add	ress		<u> </u>	
Je	upiter, FL 33	458					
jar	nes@burnsla		ity/State ar	nd Zip Code			
	В	-mail address: (to be used	for future	annual report notificat	іоп)		
For further info	ormation con	cerning this matter, please	e call:			. ~	
Ја	mes Burns	56 at (51	628-1119		50 True 50	B
	Name		rea Code	Daytime Telephor	ne Number	- 1 25	, ————————————————————————————————————
Enclosed is a	check for th	e following amount:				3	ξ -
□\$125.00 Fi		□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & ied Copy aal copy is enclosed)	Certifica Certified	00 Piling Fee, the of Status & Copy copy is enclosed)	فنيين ا
	New Fil	z Address ling Section n of Corporations		Street Address New Filing Section D The Centre of Tallah			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
SUSAN EVANS INVESTMENTS, LLC					
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
19670 S Beach Rd #C413	480 Maplewood Drive, Suite 5				
Jupiter, FL 33469	Jupiter, FL 33458				
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)					
The name and the Florida street address of the registered agent	are:				
James C. Burns					
Nam	•				

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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

480 Maplewood Drive, Suite 5

Jupiter

Registered Agent's Signature (RBQUIRED)

(CONTINUED)

(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
ARTICLE V: Effective date, if other than the date of filing: 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: 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 States constitutes a third degree felony as provided for in s.817.155, F.S.	·•	19670 S Beach Rd #C413		
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James C. Durns	This document is execularly and aware that any fals	ated in accordance with section 605.0203 (1) (b), se information submitted in a document to the Dep	Florida Statutes.	
	James C. Burns	Typed or printed name of signee		

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

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)

ARTICLE IV-