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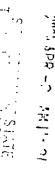
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	
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Office Use Only



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T-S.H 4/17/24

COVER LETTER

	New Filing Sec Division of Co						
eun II.C		insen, LLC					
SUBJEC	ľ:	Name of L	imited Liabili	ity Company			
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.			
Please ret	urn all corresp	ondence concerning this	matter to the f	following:			
	Melissa Har	isen					
			Name of	Person			
	Melissa Har	nsen, LLC					
			Firm/Co	mpany			
	21916 Bella	Terra Blvd					
			Addr	ess			
	Estero, Flor	ida 33928					
	malicea@ma	lissahansen.com	City/State an	id Zip Code	<u> </u>	_	
		E-mail address: (to be us	ed for future a	annual report notificatio	n)		
For further	information co	oncerning this matter, ple	ase call:				
	Melissa Han		239	2166422			
	Nan	ne of Person		Daytime Telephone			
Enclosed	is a check for	the following amount:					
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ied Copy (all copy is enclosed)	■\$160.00 F Certificate o Certified Co (additional cop	of Status & Py	ed)
	New I Divis P.O. I	ng Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810	TO THE STATE OF TH	2001 BPR - 2 AMIT - 01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Melissa Hansen, LLC				
(Must cont	ain the words "Limited	I Liability Company, "I	L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited L	iability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
Melissa Hansen, LLC			sa Hansen, LLC	
21916 Bella Terra Bl			Bella Terra Blvd , Florida 33928	
Estero, Florida 3392	<u> </u>	1581010	- 1 100100 DD 120	
-	active Florida registrat address of the register			
The name and the Florida street				
•	address of the register	ed agent are: Name		
•	address of the register Melissa Hansen 21916 Bella Terra	ed agent are: Name	eptable)	
•	address of the register Melissa Hansen 21916 Bella Terra	ed agent are: Name Blvd	eptable) 33928	
•	Melissa Hansen 21916 Bella Terra Florida street addre	ed agent are: Name Blvd ess (P.O. Box <u>NOT</u> acc		
•	Address of the register Melissa Hansen 21916 Bella Terra Florida street address Estero City agent and to accept sero, I hereby accept the approvisions of all statutes bligations of my positions.	Name Blvd ess (P.O. Box <u>NOT</u> acc Florida State rvice of process for the appointment as registered relating to the proper a	33928 Zip Thove stated limited liability collagent and agree to act in this and complete performance of the provided for in Chapter 605,	capacity. 1 ny duties, and

(CONTINUED)

<u>Title:</u>	Name and Address:	
"AMBR" = Auth		
"MGR" = Mana	ået.	
CEO	Melissa Hansen	
	21916 Bella Terra Blvd Estero, Florida 33928	
	Esteto, Florida 55726	
	 -	
-		
		
	•	
effective date is list	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days prior to or 90 or	days at
effective date is list te of filing.) If the date inserted cument's effective	ed, the date must be specific and cannot be more than five business days prior to or 90 of the lin this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.	
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effective date is list e of filing.) If the date inserted cument's effective CLE VI: Other prov	In this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records. Fisions, 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	
effective date is list e of filing.) If the date inserted cument's effective CLE VI: Other prov REQUIRED SI	GNATURE: 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.	

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)