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COVER LETTER

	ew Filing Sectivision of Co						
CLUB ID CT	1304 SE 3	6TH LLC					
SOBJECT	Name of Limited Liability Company						
The enclos	ed Articles of	Organization and fo	e(s) are	submitte	d for filing.		
Please retu	rn all correspo	ondence concerning	this ma	tter to the	following:		
	SHARON B	URTON					
				Name o	of Person		
				Firm/C	ompany		
	9 GARLAN	D ST					
			-	Ado	lress		
	MELROSE	MASS 02176					
	LIGOVA IGA	00000	Ci	ty/State a	nd Zip Code		
-		@GMAIL.COM	e used :	for future	annual report notificat	ion)	
For further in		ncerning this matter			umuu report notineut	,	
	WILLIAM B	-	78 at (1	258-1267		
	Nam	e of Person			Daytime Telephon	ie Number	
Enclosed is	s a check for t	he following amoun	t:				
■ \$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta		Certi	55.00 Filing Fee & fied Copy nat copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1340 SE 36TH LLC	_			
(Must cont	ain the words "Limited L	iability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	fice of the Limited Lia	ability Company is:	
<u>Princip</u> :	al Office Address:		Mailing Address:	
9 GARLAND ST MI	ELROSE MA 02176	<u>9 GARI</u>	LAND ST MELROSE MA 02176	
(P) 1.1 TH (1	11 Caber de 1			
The name and the Florida street a	address of the registered WILLIAM L BURTC			
The name and the Florida street a	-	Name		
The name and the Florida street a	WILLIAM L BURTO	N Name ET	ptable)	
The name and the Florida street a	WILLIAM L BURTO	N Name ET	ptable) 33904	
The name and the Florida street a	WILLIAM L BURTO 1304 SE 36TH STRE Florida street address	N Name ET (P.O. Box <u>NOT</u> acce		
Iaving been named as registered a lace designated in this certificate,	WILLIAM L BURTO 1304 SE 36TH STRE Florida street address CAPE COARAL City ugent and to accept service the appoint of all statutes re-	Name ET (P.O. Box NOT acce FLORIDA State see of process for the abintment as registered alating to the proper an	33904 Zip ove stated limited liability company at 1 agent and agree to act in this capacity. d complete performance of my duties, a	
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr	WILLIAM L BURTO 1304 SE 36TH STRE Florida street address CAPE COARAL City ugent and to accept service the appoint of all statutes re-	Name ET (P.O. Box NOT acce FLORIDA State see of process for the abintment as registered alating to the proper an	33904 Zip ove stated limited liability company at a agent and agree to act in this capacity. d complete performance of my duties, a	

(CONTINUED)

ARTICLE IV-

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

	<u>Title:</u>		Name and Address:	
	"AMBR" = Authorized N	1ember		
	"MGR" = Manager			
	MGR		WILLIAM BURTON	
			CAPE CORAL FL 33904	
			CALE CONAL LE 33704	
				·
			-	
				
If an effe he date o <u>Note:</u> If	ective date is listed, the d of filing.)	ate must be specificated does not mee	t the applicable statutory filing requ	(OPTIONAL) Isiness days prior to or 90 days after irements, this date will not be listed as
ARTICL	E VI: Other provisions, if	•		
•	REQUIRED SIGNATU	RE:	Str	
			ier or an authorized representativ	e of a member.
	This doc	ument is executed	in accordance with section 605.020	3 (1) (b), Florida Statutes.
	I am awa	re that any false in	formation submitted in a document	o the Department of State
	constitute	es a third degree fe	lony as provided for in s.817.155, F	.5.

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)