L03000002263

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300010118543

U1/17/U3--010U3--017 **125.0U

17 AM 2: 36

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JĖN	Management	Company
	lic	

THE WAY SEE TO SO WE SE WE SEE TO SO WE SEE

					10:10
- · · · - · · · · · · · · · · · · · · ·					945
				Art of Inc. File	* •
				LTD Partnership File	_
				Foreign Corp. File	
			1	L.C. File	-
				Fictitious Name File	 -
				Trade/Service Mark	_
				Merger File	
				Art. of Amend. File	-
				RA Resignation	-
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert, Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	_
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search_	
				Vehicle Search	
				Driving Record	
Requested by:	Date	Time		UCC 1 or 3 File	
Name '				UCC 11 Search	
110000	_ 	A 11110		UCC 11 Retrieval	-,
Walk-In	Will Pick Up	<u> </u>		Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
THE name of the Limited Liability Company is: THE MANAGEMENT COMPA	my we
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature of the Registered Ag	gnature:
The name and the Florida street address of the registered agent are:	Tio The
Linda Tarangelo	40
S500 Military Teail #48 Florida street address (P.O. Box NOT acceptable) Tupifer FL 33458 City, State, and Zip	- 75 C
Florida street address (P.O. Box NOT acceptable)	
Jupiter FL 33458	· 1
liability company at the place designated in this certificate, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am facecept the obligations of my position as registered agent as provided for in Chapte Linch Taking of Registered Agends Signature	he provisions of all miliar with and
(An additional article must be added if an effective date is reque Signature of a member or an authorized representative of a member	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuthant the facts stated herein are true.)	
Robert J Morelli Typed or printed name of signee	•
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	