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	2004 JULY -3 P 3: 35 SECRETARY OF THE PROPERTY OF THE PROPERT
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	— 06/03/0401039014 **125.00
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TRANSMITTAL LETTER

FILED Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

STREET ADDRESS:

TO:

Registration Section

Registration Section. Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED		
FYM, L.L.C.	ZOON JUN -3 P 3: 3h		
ARTICLE II - Address: The mailing address and street address of the principal of	TALLAHASSEE, FLORIDA office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Brad Forards 2385 NW 34th Way Coconut Creek, FL 33066	Boad Edwards 2385 IN 34th Way COCONUT Creek PC 53066		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:			
2 / 5 1			

2385 NW 34th Way

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

Cronvl Creek FL 33066

City, State, and 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manag		ows:
Title:	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		5004 JUN -3 1> 3: 3P
Manager	Frad Echvary 2385 NW 34 Coxonut Creek, Fo	SECRETARY OF STATE STALLAHASSEE, FLORIDA 12 33066
Managing Member	John Thempson 401 Troppen Smyrning 6# 3	John Thompson HARE 461 Toram LN Snyrna, GA 30082
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:		

Filing Fees:

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 perjury

Typed or printed name of signee

\$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)

that the facts stated herein are true.)