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TRANSMITTAL LETTER

2004 SEP 27 P 1: 43 TO: Registration Section Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA SHARNER. SUBJECT: L.L.C. (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HAL V. LYONS, A PROFESSIONAL LAW CORPORATION (Name of Person) (Firm/Company) P. O. BOX 7777 (149 FREESTATE BOULEVARD) (Address) 71137-7777 (street zip: 71107) (City/State and Zip Code) For further information concerning this matter, please call: KARLA LYONS (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2004 SEP 27 P 1: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ice of the Limited Liability Company is: **Iailing Address:** 3641 West Daffodil**
Iailing Address:
.
3641 West Daffodil
Reverly Hills, W. 34465
Registered Agent's Signature: gent are:
<u> </u>
acceptable)
DA 34465

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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Title:	ager or Managing Member is as follows: SECRETAR TALLAHASS Name and Address:	EE, FLOR
"MGR" = Manager	Treated Miles Lawrences	
"MGRM" = Managing Member		
MGRM	Sharner Stucky 3642 West Daffod11	
	Beverly Hills, FL 34465	
<u> </u>	gen a grant	
	<u> </u>	
		 ·
(Use attachment if necessary)	-	
• • • • • • • • • • • • • • • • • • • •		
ARTICLE VEFFECTIVE DATE:	LLC shall be October 1, 2004.	
the effective date of this	and shall be occober 1, 2004.	
NOTE: An additional article mu	st be added if an effective date is requested.	
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.	_	
Maine	Studies	
Signature of a member of	an authorized representative of a member.	
(In accordance with section	n 608.408(3), Florida Statutes, the execution	
of this document constitute that the facts stated herein	s an affirmation under the penalties of perjury	
	· · · · · ·	
Sharner Stuci	or printed name of signee	,
Tunad		

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)