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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECREJANTE STRUMBA

TAILAHASSEE, FLORIDA



TRANSMITTAL LETTER

CTDEET ANNDECC.	MAILING AT	nnpecc.	
\$125.00 Filing Fee \$\text{Solution 130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Enclosed is a check for the following amount:		P	
(Name of Person)	(Area Code & Daytime Te	lephone Number)	
Albert A. Fannin-Church (Name of Person)	at (772) 873-6		 نمسا
For further information concerning this matter, please	call:	24 ASSE	- []
(City/	State and Zip Code)	JAN CRET	}
Port St Lucie, F	ZL 34953 State and Zip Code)	TAL	
~	,		
1924 SW Aaron	(Address)		
Operational Developme	A Services (ODS)	-
	_	()	
Albert A. Fan	nin-Church		
Please return all correspondence concerning this matter	_		
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.		
`			
SUBJECT: Operational Develo	prient Specialis	<u>s</u> +	
Division of Corporations			
TO: Registration Section			

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 13, 2005

ALBERT A. FANNIN-CHURCH OPERATION DEVELOPMENT SERVICES (ODS) 1924 SW AARON LANE PORT ST LUCIE, FL 34953

SUBJECT: OPERATION DEVELOPMENT SPECIALIST (ODS)

Ref. Number: W05000002104

We have received your document for OPERATION DEVELOPMENT SPECIALIST (ODS) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 705A00002640

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Operational Development Specialist CODS) L.L
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Port St. Locie, FL. 34953 Port St. Lucie, FL 34953
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Albert A. Fannin - Church
1924SW Aaron Lane, Orlow MOT acceptable)
Port St Lucia FL 34953 City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated timited 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.
176 = 3

(CONTINUED)

Registered Agent's Signature

<u>Title:</u> "MGR" = Mana _i	ger	Name and Address:			
"MGRM" = Mai	naging Member	Albert Fannin- Church			-
MGRM	~ 	Part St Lucie, FL 34953 Garry Palmer			
	10	92 JELM GROOVE CT. Palm City, FL. 34990		-	
					
	_ _		<u>:</u>	<u>.</u>	
(Use attachment	if necessary)				
NOTE: An add	itional article must be ad	lded if an effective date is requested.			
REQUIRED SI	GNATURE:				
	220		TAL	2004	
	Signature of a member or as	n authorized representative of a member.	L CR	<u>ــــــــــــــــــــــــــــــــــــ</u>	
	of this document constitutes a that the facts stated herein a	0 1 0 1	TARY OF HASSEE, F	JAN 24 PM	FILED
	Typed or	printed name of signee	LORII LORII		•

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: