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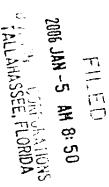
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office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



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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT: Marthe	& Farner, LLC (Name of Limited	Liability Company)	
The en	closed Articles of	Organization and fee(s) are su	shmitted for filing	
		ondence concerning this matter	_	
	Cecilia Farr	ner.	·	
	Cecilia I all		Name of Person)	
	Marthe & Fa		ŕ	
	110-7	(1	Firm/Company)	28
1409 Sunningdale Way				2006 JAN -5 AM 8: 50
			(Address)	HAS -S
	Orlando, F	1 32828		SEE
		(City/	State and Zip Code)	The co
For fu	rther information of	concerning this matter, please	call:	A. IUHO ORIDA
Ceci	lia Farner		at (407) 929-303	1
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclo	sed is a check fo	r the following amount:		
▼ \$12.	5.00 Filing Fee	\$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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF C		N FOR FLORIDA LIMITED LIABILITY COMPANY
The name of the I	Limited Liability (Company is:
Marthe & Farner,	LLC	Gir o
(Must end with the wor	ds "Limited Liability C	Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - A The mailing addre		ress of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1409 Sunningdale W	ay	1409 Sunningdale Way
Oriando, FL 32828		Orlando, FL 32828
ARTICLE III - 1	Registered Agen	t, Registered Office, & Registered Agent's Signature:
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra e Florida street ad	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra e Florida street ad	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra e Florida street ad	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ition.) dress of the registered agent are: Name
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra e Florida street ad M. Cecilia Farno 1409 Sunningo	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ition.) dress of the registered agent are: Name
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra e Florida street ad M. Cecilia Farno 1409 Sunningo	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are: Name
ARTICLE III - 1 (The Limited Liability business entity with an	Company cannot serve n active Florida registra e Florida street ad M. Cecilia Farno 1409 Sunningo	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ition.) dress of the registered agent are: Name dale Way lorida street address (P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:						
<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	ELAL S				
MGRM		Maria D. Marthe	THE STATE OF				
		324 Still Forest Terrace					
		Sanford, FL 32771					
			DE T				
MGRM	-	M. Cecilia Farner					
		1409 Sunningdale Way					
		Orlando, FL 32828					
							
	_ 		 _				
							
(Use attachment	if necessary)						
	sted, the date must be s	te of filing:					
REQUIRED SIGNATURE:							
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 that the facts stated herein are true.)							
	M. Cecilia Famer						
		d or printed name of signee	-				
Filing Fees	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)							

Page 2 of 2