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Special Instructions to	Filing Officer:	
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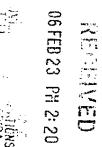
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100-20054

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Paul Parmarter LLC. (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:		
Paul Parmarter		
(Name of Person)		
Paul Parmarter LLC (Firm/Company)		
(Phin/Company)		
62 CHIPPEWA CT (Address)		
HAVVANA FL 3Z333  (City/State and Zip Code)	23	
ECH AND THE CHARLES OF THE THE CHARLES OF THE CHARL	2006 FEB 23 PM 2: 18	
For further information concerning this matter, please call:    Parmarter   at (850) 321 9550   For Code & Daytime Telephone Number)   For Code & Code & Daytime Telephone Number)   For Code & Code & Code & Daytime Telephone Number)   For Code & Co	EB 2	FILED
(Name of Person) at (850) 321 9550 (Area Code & Daytime Telephone Number)	3 ™	ËD
(Name of Person) (Area Code & Daytime Telephone Number)	.;; ≖	_
Enclosed is a check for the following amount:	8	
\$125.00 Filing Fee \$\frac{12}{20}\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$\$155.00 Filing Fee & \$\frac{1}{2}\$\$\$\$160.00 Filing Fee, Certificate of Status &		
(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Paul Parmar + (Must end with the words "Limited Liability Company, "Limited Co	
ARTICLE II - Address: The mailing address and street address of the princi	
Principal Office Address:	failing Address:
GZ CHIPPEWA CT.  HAVANA FL. 32333	62 CHIPPEWA (T HAVANA FL . 3233)
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	fice, & Registered Agent's Signature: Agent. You must designate an individual or another CRE LARY Attered agent are:
The name and the Florida street address of the regis	tered agent are:
Paul Par Name	mov ter
6Z CHIPPE W Florida street address	(P.O. Box NOT acceptable)
HAVANA FL FI City, State, and Z	32333 Sip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Paul Parmarte 62 CHIPPEWA HAVANA FL. 32		,	
(Use attachment if necessary)				
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (obe specific and cannot be more than five but	OPTION Siness d ALLA ALLA ALLA ALLA ALLA	lays p 2005 F	rio
REQUIRED SIGNATURE:	Amee In	TARY OF STASSEE, FLO	EB 23 PM	£ (1.1.1)
(In accordance with s of this document cons	per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	STATE FLORIDA	2: 18	
that the facts stated	Par marter  yped or printed name of signee			

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)