000067330 Division of Coporations lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Empil Addross:			
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FLORIDA LIMITED LIABILITY CO.

6500, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

JUN 24 2010

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

:		
650 0 , 44C		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6500 Cowpen Road Suite 304 Diamilokes FL 33014 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve us its own Reg	153415W 20 Skept Miramar, FL 33027 ed Office, & Registered Agent's Signature: Istered Agent. You must designate an individual or ungitler: 23	7
business entity with an active Florida registration.)	· · · · · · · · · · · · · · · · · · ·	-
The name and the Florida street address of the REDPCCO CO Name 15341 Students of the Florida street and street address of the Red Red Red Red Red Red Red Red Red Re		7
Minamar, to	33027 State, and Zip	
Having been named as registered agent and to	accept service of process for the above stated limited	

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" = Manage	Name and Address:
MGRM	Reherra Cario 15341 Sur 20 Street Miramar, FL 38027
	ine 2
	(type
(Use attachment if r	cessary)
TICLE V: Effective dat	if other than the date of filing: 6/27/10. (OPTIONAL) the date must be specific and cannot be more than five business days pr
TICLE V: Effective dat n effective date is listed	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days pr f filing.)
CICLE V: Effective date is listed 90 days after the date	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days pr f filing.)

Page 2 of 2

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