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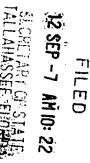
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N. Culligan SEP 1 0 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROLAND DESCOMBES 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:	
ROLAND DESCOMBES Name of Person	
ROLAND DESCOMBES Name of Person ROLAND DESCOMBES Firm/Company	
39151 WOODLAND DRIVE	
ZEPHYRHILLS, FL 33542 City/State and Zip Code ROLAND & APCH-ART, COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROLAND DESCOMBES at (407) 256 - 5674 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: S125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ं क्यू
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:	
ROLAND DESCO	on BES, LLC, ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
39151 WOODLAND DR ZPPHYR HILLS FL 33542 ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Registrations business entity with an active Florida registration.)	ared Agent. You must designate an individual or another
The name and the Florida street address of the real content of the Police of the Polic	egistered agent are: SEP-7 AND SEP-7 Ress (P.O. Box NOT acceptable) Tes, and Zip Pagistered agent are: AND SEP-7 A

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

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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ROLAND DESCOMBES 39151 WOOD LAND DR. ZEPHYRHILLS, FL 33542
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: <u>DATE OF FILING</u> . (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Rolaus Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are the ast provided for in s.817.155, F.S.)

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)

ROLAND DESCOMBES
Typed or printed name of signee

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