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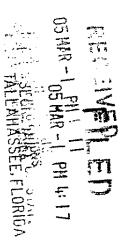
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Number)	
Certified Copies Certific	ates of Status
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TRANSMITTAL LETTER

Registration Section
Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT: Dernam Mundlethaming LLC (Name of Limited Gability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Huadalupe Gerrano (Name of Person)
Dervano Syndle Maning (Firm/Company)
PO BOX 317 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Muala luge Jerson) Jerson (Area Code & Daytime Telephone Number) Fire &
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Gerrano Pryazell Etraning 40
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
POIBOX 317 PO BX 317
Mension, R Mashoro, R
32330 22330
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
The hante and the Florida street address of the registered agent are.
Muddalled Jerrano
Name
8405 (ake Atherson D)
Florida street address (P.O. Box NOT acceptable)
1011 R FL 32310
City, State, and Zip
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 familiate with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. \Rightarrow

(CONTINUED)

Gundaliere Levane Registered Agent's Signature

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	Name and Address:
"MGRM" = Managing Member MG CM	Guadalige Servano Brenston, R 32330
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
(In accordance with s	per or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
ONAN AC	Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)