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(Re	equestor's Name)	<u></u>
(Ac	ldress)	
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FEB 9 2012

COVER LETTER

TO:	Registration Section Division of Corporations .		
SUBJE	T: DIFF B. Moung L.L.C. Name of Himited Liability Company		
The en	osed Articles of Organization and fee(s) are submitted for filing.		
Please	turn all correspondence concerning this matter to the following:		
	DUFFY B. Moung Name of Person		
	Firm/Company		
	3246 Robinhord Rd.	2012 FEB SECRETA	Tì
	Tall. PL. 32312	-9 VRY SSEE	# f 7;
	City/State and Zip Code	PM 12: 2	
-	E-mail address: (to be used for future annual report notification)	25	
For fur	er information concerning this matter, please call:		
Du	Rame of Person at (850) 933-917. Area Code & Daytime Telephone Number	7_	
Enclos	d is a check for the following amount:		
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & \$\int_{\text{\$155.00 Filing Fee & Certificate of Certificate of Certified Copy (additional copy is enclosed)}}\$\$ Certified Copy (additional copy is enclosed)	of Status &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Duffer B. Mouna	_
3246 Robinhood Rd.	GLAMI
Tall. PL. 32312	7/1/10
, -	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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..

Registerer Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Doffy B. Mong 3246 Robinhood Rd. Tall Fl. 323/2
	SE SE
·	PEB-9 (CREIARY OLAHASSEE
	PM 12: 22 OF STATE ORIDA
	the date of filing: (OPTIONAL
o days after the date of filing.)	
00 days after the date of filing.) REQUIRED SIGNATURE:	

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)