COCAL Low food on 750 | 1 to Via Low Record on 750 | Merritt Island, Fl. 32953

Fax 321-452-6450
Home Phone 321-452-7838
Email mwpj4@hotmail.com

00789-00623-00671

June 12, 2000

ri Gavi

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

W-/SU48 600003290005 -06/14/00-0015 ****155.00 ****155.00

To Whom it may concern:,

Enclosed is a check for \$155.00 for the Filing fee for Articles of Organization, Designation or Registered Agent, and a Certified Copy.

Sincerely,

Mary Lou Stockton

SEORETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 20, 2000

MARY LOU STOCKTON 110 VIA DE LA REINA MERRITT ISLAND, FL 32953

SUBJECT: A-1 ISLAND GROUP LLC

Ref. Number: W00000015648

We have received your document for A-1 ISLAND GROUP LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 500A00034981

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	*	
ARTICLE I - Name: The name of the Limited Liability Company i	s: A-1 ISLAND	GROUP LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lim	ited Liability Company is: ,ヲ٤ ・3 ヱタぃ¬₃

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

PATRICK D. STOCKTON
Name
110 VIA DE LA REINA
Florida street address (P.O. Box NOT acceptable)
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 familiar with and accept the obligations of my position are registered agent as provided for in Chapter 608, F.S..

Walnus Dent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Nay Strekton

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARY LON STOCKTON

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)

DIVISION OF CORPORATIONS

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