100000010714

CORPORATE ACCESS, /

236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666.

	PICK UP	<u> </u>	-	-	- , to a nu	***********************
CERTIFIED COPY	· · ·	cus	;	-	-	-
РНОТО СОРУ		VFILING_	<u> </u>	<u></u>		
L) CORPORATE NAME & DOCUMENT #)	C, L.L	(.	2000	 0339:	3642	
2.) (CORPORATE NAME & DOCUMENT #)			*	0338: 9/06/00- ***125.00	*****1 00 SE	
(CORPORATE NAME & DOCUMENT #)					LARY Past	
(CORPORATE NAME & DOCUMENT #)				TAL		
5.) (CORPORATE NAME & DOCUMENT #)				and with a second secon	SEP -6	
SPECIAL INSTRUCTIONS		· · · · · · · · · · · · · · · · · · ·			VED № 12: 82	
			<u> </u>	<u> </u>		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

FOG E-C, L.L.C.

1745WFletcher Ave Tampa, FL 33612

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

Florida street address (P.O. Box NOT acceptable) Tampa a FL 33612			
City, State, and Zip		,	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the proving statutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 608, I Registered Agent's Signature	sions o vith an	fall	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company. (An additional atticle must be added if an effective date is requested)	rs and	is,	221 4 4
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.) Typed or printed name of signee	SECRETAR) ELLLAHASSI	00 SEP -6	APP A FII
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)	TOP STATE	PM 2: 4.5	ROVEO