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Office Use Only

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63-39130 Ola 13 27107

## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Eveltra LLC (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:	
WAYNE Plummee (Name of Person)	
(Firm/Company)	
2784 W. Atlantic Olw # 23 (Address)	•
2754 W. Atlantic Dlw #23 (Address)  Pompano Beh. Fl 33069 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Wayne Pluniner at (954) 974-4488 (Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 22, 2003

WAYNE PLUMMER 17463 32 LANE NORTH LOXAHATCHEE, FL 33470

SUBJECT: EVELTRA, LLC Ref. Number: W03000027107

We have received your document for EVELTRA, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6904.

Freida Chesser Document Specialist New Filings Section

Letter Number: 403A00052206

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	eveltra, 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:
2754 W. Atlantic Blud Scite 23 pompanosch, FL 33069	2784 W. Atlantic Blud Suite 23 pompano Och, Pt 33069
ARTICLE III - Registered Agent, Registered Office	
Planda street address (P.Q. Box No. 100) Gro PL  City, State, and Zip  Having been named as registered agent and to accept seliability company at the place designated in this certifical registered agent and agree to act in this capacity. I furthe statutes relating to the proper and complete performance	Tacceptable) 33069  rvice of process for the above stated limited te, I hereby accept the appointment as a per agree to comply with the provisions of all er 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
	AKE TO THE TOTAL
Registered Agent's Signati	ire

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jury ne Plummer 17463 32 hone N Lox ghotime FL 33470
- And	
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
Signature of a men	Dlumme— uber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)
WAYN	E Plummer Typed or printed name of signee

\$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)