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Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 October 20, 2003

TO: Registration Section, Division of Corporations

SUBJECT: E & L Enterprise, LLC

Please process our request for a Florida Limited Liability Company. Enclosed you will find a check for \$130.00, which covers filing fee for Articles of Organization, Designation of Registered Agent and Certificate of Status. Please return all correspondence concerning this matter to:

Ayanna Overall 12588 Brahma Bull Circle W Jacksonville, FL 32226 904-551-1358

Sincerely,

Ayanna L. Overall

## TRANSMITTAL LETTER

SUBJECT: E & L Enterprise, 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:				

Ayanna	(Name of Person)
E & L	Enterprise, LLC (Firm/Company)

12588	Bruhma	Bull	circle	$\omega$
	(Address)	•		

Tacksonville, FL 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

Ayanna Overall at (904) 551-1358
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

TO:

Registration Section
Division of Corporations

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: E & L Enterprise, LLC

ARTICLE I - Name:

ARTICLE II - Address:

The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12588 Brahma Rull Circle W Jacksonville, FL 32226	12588 Brahma Rull Circle Jacksonville, FL 32226
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered Ayanna Octal	d agent are:
Florida street address (P.O. Box NO Sack Sonville, FL., City, State, and Zip	OT acceptable)
Having been named as registered agent and to accept ser liability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent	rvice of process for the above stated limited te, I hereby accept the appointment as er agree to comply with the provisions of all to f my duties, and I am familiar with and

(CONTINUED)

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><b>Title:</b></u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgR	Ayanra Overall 112588 Brahma Rull Circle W Tacksomville, FL 32226
mar	Phaedra Croter 436 North Wildwood Hercules, CA 94547
	FATA
	added if an effective date is requested.
REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated here	Overall
O	ed 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)