

W03000041599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100024016501

10/24/03--01054--013 **130.00

W03-41599
AK

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

October 20, 2003

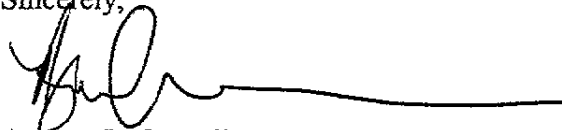
TO: Registration Section, Division of Corporations

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,

A handwritten signature in black ink, appearing to read 'Ayanna Overall', followed by a long horizontal line extending to the right.

Ayanna L. Overall

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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 L. Overall
(Name of Person)

E & L Enterprise, LLC
(Firm/Company)

12588 Brahma Bull Circle W
(Address)

Jacksonville, 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:
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

ARTICLE I - Name:

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

ARTICLE II - Address:

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

Principal Office Address:

12588 Brahma Bull Circle W
Jacksonville, FL 32226

Mailing Address:

12588 Brahma Bull Circle W
Jacksonville, FL 32226

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

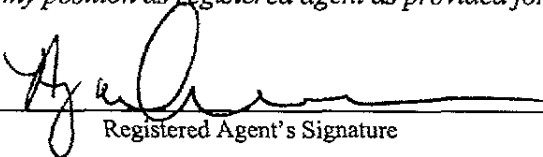
The name and the Florida street address of the registered agent are:

Ayanna Overall
Name

12588 Brahma Bull Circle W
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL, 32226
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 as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

(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

Ayanna Overall
112588 Brahma Bull Circle W
Jacksonville, FL 32226

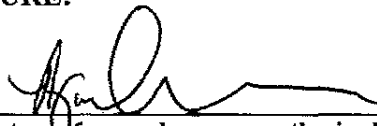
MGR

Phaedra Carter
436 North Wildwood
Hercules, CA 94547

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Ayanna Overall

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)