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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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LIMITED LIABILITY COMPANY

CHRISTOPHER M. CLEAVER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**
(Pursuant to s.608.407, Florida Statutes)

ARTICLE I - NAME

The name of the Limited Liability Company is: Christopher M. Cleaver, LLC

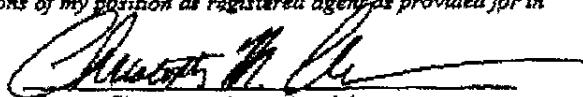
ARTICLE II - ADDRESS

The mailing and street address of the principal office is: 4333 County Breeze Drive
New Port Richey, FL 34656

ARTICLE III - REGISTERED AGENT

The name and address of the registered agent are: Christopher M. Cleaver
4333 County Breeze Drive
New Port Richey, FL 34656

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.



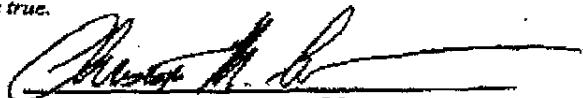
Signature of Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Christopher M. Cleaver
4333 County Breeze Drive
New Port Richey, FL 34656

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 within are true.



Signature of Member/Manager

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