L03000056017

(Req	uestor's Name		
(Add	iress)		
(Add	lress)		
, (City	/State/Zip/Phor	ne #)	
PICK-UP	WAIT	☐ MAII	_
(Bus	iness Entity Na	me)	
(Doc	cument Number)	
Certified Copies	Certificate	es of Status	
Special Instructions to F	Filing Officer:		
		j,	
		224	4
	Office Use O	S ATT	



100025633761

12/26/03--01028--017 **125.00

03 DEC 26 PM 1: 08 DIVISION OF CORFORATION

03 DEC 26 PM 1: 13

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	سمصاء د	dry u	yaller	41
TO: Registration Section Division of Corporations SUBJECT: (Name of Limited Liability Company)	\$130TV	ι		· =
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(OREGORY JONELL FAUTH LLC (Name of Person)	, ·			
(Firm/Company)	•		D3 C	
7364 WAGON Trail LANCE #200 (Address)	<u>-</u> .	·••	DEC 26 PH LAHASSEE, F	
Tallahasser FIR 32310 (City/State and Zip Code)		-	STATE STATE LORIDA	3

For further information concerning this matter, please call:

(Name of Person)

(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 FLORI	DA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is: 64	EGory JOHEN EXUTH Plaster to				
ARTICLE II - Address: The mailing address and street address of the principal	•				
Principal Office Address:	Mailing Address:				
736412 Hearn Traillowetter Tallabaser Fla 32310	Sunl				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:					
6REGORY DONALL ELVE	V SECRET				
7364 WHOON Tracl Florida street address (P.O. Box N	OT accentable)				
Tollahasse FL City, State, and Zip	37310 FLORDE				

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..

Arey fred (mer.)
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGAM	6f £60x y DAXII FRUIN 1361 Whom Trail Lievett Tallahasse Fla 32310
	O3 DEC
<u> </u>	ASSET F
(Use attachment if necessary)	DRITE 3

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.)

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)