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DIVISION OF CURRICHATION

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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRANKE ASSOCIATES (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:	
Emil Bassy Name of Person)	DIVISION O
F. BOADY & ASSALIATES LLC. , (Firm/Company)	SECRETOR OF CORPORATIONS US DEC 31 PH 2: 40
ZOZ7 EYKIS CT (Address)	6
TALLAHASSEE, FL. 3Z317 (City/State and Zip Code)	÷
For further information concerning this matter, please call:	
Encel BRADY at (850) 264-9582 (Area Code & Daytime Telephone Number)	
l ·	

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:	
F BRADY : ASSOCIATES, LL	<u> </u>
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ZOZT EYKIS CT. TALLAHASSEB FL. 32317	ZOZT EYKIS (T. TALLAHASSEE, FC 3221)
ARTICLE III - Registered Agent, Registered Off	fice, & Registered Agent's Signature:
The name and the Florida street address of the regist	tered agent are:
Eurl Borney Name	DIVISION SECH
Florida street address (P.O. Box	X NOT acceptable)
TALLAHASSEE FL City, State, and Z	
Having been named as registered agent and to acceptiability company at the place designated in this cert registered agent and agree to act in this capacity. I statutes relating to the proper and complete perform accept the obligations of my position as registered a	ificate, I hereby accept the appointment as further agree to comply with the provisions of all earnee of my duties, and I am familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. EFFECTIVE DATE 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

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)

that the facts stated herein are true.)