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(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Boodine Hambol)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TAIL AHASSEL OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Sanctuc	ary of Vera:	Beach, SAC	Q ALL MILES	KILCH OSS
		3 T		Ser
			Art of Inc. File	
			LTD Partnership File	_
			Foreign Corp. File	
			L.C. File	
			Fictitious Name File	
			Trade/Service Mark	-
			Merger File	
			Art. of Amend. File	
			RA Resignation	
			Dissolution / Withdrawal	 , .
			Annual Report / Reinstatement	
			Cert. Copy	Comment of the Contract
			Photo Copy	•
			Certificate of Good Standing	 ,
			Certificate of Status	<u> </u>
			Certificate of Fictitious Name	
			Corp Record Search	
			Officer Search	
			Fictitious Search	
Signature			Fictitious Owner Search	· , · , · , · .
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Requested by:	John .		UCC 1 or 3 File	i y e ie
Name		\; <u>20</u> ime	UCC 11 Search	
INAMIC	Date 1		UCC 11 Retrieval	ч •
Walk-In	Will Pick Up		Courier	

ARTICLES OF ORGANIZATION FOR FURTHER COMPANY

	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	The state of the s
The Scortnery Of Ver	o Booch L.C.C. Bin is
ARTICLE II - Address: The mailing address and street address of the particle o	cincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2728 10th Av. Dorth Sile (0)	2328 10th Au Dorth Suite G
Lake Worth, FL 33461	Late Warth, FL 33461
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	
Jeonine Pre	illusas
Florida street address (P.	O. Box NOT acceptable)
City, State,	FLORIDA 3346)

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 by Chapter 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGB	Transice Resizulli 2128 10th Are. Porth Saile Co.
mesn	Terry Sought Touth Suite GOI
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Min accordance with section 608.	thorized representative of a member. 408(3), Florida Statutes, the execution
of this document constitutes an a that the facts stated herein are tru	Thribition under the prosition of perjury
Jerry S.	nted name of signed
וואם סו שפקעו	nted name of signed

Page Z of 2

Filine Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certifiente of Status (Optional)