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(Address)
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EGLEVIT OF STATE
LIAMASSEE FLORINA
LIAMASSEE FLO

W4-6210 A

COOLEY&COMPANY

1203 Live Oak Street New Smyrna Beach, FL 32168

Plione: 386-478-9645 Fax: 386-426-6052 Email: mccordk@worklnet.att.net

January 9, 2004

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

To Whom It May Concern:

Attached please find a completed application for a L.L.C. along with a check for \$160 to pay for the incorporation, registered agent and both optional documents. I can be reached at 386-479-9645 during daytime hours (and also after 5 p.m.) if you have any questions.

Thank you for your assistance.

Sincerely,

Katharine L. Cooley, President

Cooley&Company

Enclosures

SECRETACY OF STATE

TRANSMITTAL LETTER

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04 JAN 16 PH 2:31	FILED
	04 JAN 16 P# 2:31

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Cooley& Company L.L.	.C
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1203 Live Oak Street	same
New Smyrna Beach	
Florida 32168	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered Katharine L. Name 1203 Live Oa Florida street address (P.O. Box N	Cooley Cooley Cooley Cooley Cooley Cooley
New Smyrna Beach FI	ORIDA 32168

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, Florida Statutes..

Page 1 of 2 (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	Name and Address:			
"MGRM" = Managing Member				
MGR	Katharine L. Cooley 1203 Live Oak Street New Smyrna Beach, FL Sa	<u></u> 8		
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(Use attachment if necessary)				
NOTE: An additional article must	be added if an effective date is requested.	SECFIE SEAS	91 NVF 10	
REQUIRED SIGNATURE:		 H	PH	
Signature of a member or a	n authorized representative of a member.	CORIO	2:3	
(In accordance with section 6	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	Α		
Katharine	r printed name of signee			
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)