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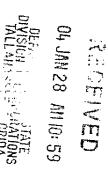
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certifi	ed Copies Certificates of Status
Spe	pial Instructions to Filing Officer:
	Office Use Only



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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations	_
SUBJECT: Charles (Name of Li	mited Liability Company)
	V
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Chanles C. La	
Chanles hale	Panting
158 Dogwood	Dang
HAVANA FLON (City/State and Zip Code)	EEESE Alo
For further information concerning this matter, pleas	se call:
Charles Chale	at (450) 539-1039 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
TREET ADDRESS:	MAILING ADDRESS:
egistration Section	Registration Section
ivision of Corporations	Division of Corporations
09 E. Gaines Street	P.O. Box 6327
allahassee, Florida 32399	Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	The state of the s			
ARTICLE II - Address: The mailing address and street address of the principal	MRIS UPIE PAYMYN  I office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
HAVANA FLORIDA TORIDA 158 DOGWOOD LANE	3maC			
ARTICLE III - Registered Agent, Registered Offic	e, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:				

Florida street address (P.O. Box NOT accentable)

HAUANA IFL FL 32333

City, State, and Zip

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..

Registered Agent's Signature

(CONTINUED)

SSEE, FLO

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Page 1 of 2

ARTICLE IV- Manager(s) of The name and address of each	r Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Charles C. YALE 158 DOBWOOD CAME HAUMNA FLORIDA 32333
(Use attachment if necessary)	
NOTE: An additional article	e must be added if an effective date is requested.
(In accordance of this document)	a member or an authorized representative of a member.  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)