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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CCT: THE AMAZON BASIN, LLC (Name of Limited Liability Company)			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Name of Person)				
(Name of Person)				
(Firm/Company)				
10214 WOODFORD BRIDGE				
(Address)				
	TAMPA, FL 33626 (City/State and Zip Code)			
	' (City/State and Zip Code)			
For furt	her information concerning this matter, please call:			
ل	(Name of Person) (Area Code & Davtine Telephone Number)			
(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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
THE AMAZON BAS	in, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
10214 WOODFORD BRIDGE	10214 WOODFORD BRIDGE			
TAMPA, 1-L 33626	YAMPA, DL 33626			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				

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.

gistered Agent's Signature

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	Janés Broone		
	10214 WOODFORD BRIDGE		
	TAMPS FL 33626		
(Use attachment if necessary)			
NOTE: An additional article must be a	idded if an affactive data is requested		
1101 B. An additional at ticle must be a	duced it all effective date is requested.		
REQUIRED SIGNATURE:			
Signature of a member or an aut	horized 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.)			
Inuite	R. BROOME		
Typed or print	ed 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)