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(Requestor's Name)			
(requestors realing)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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HLM

TRANSMITTAL LETTER

_	ration Section on of Corporations	
	Olympia Modeling, L.L.C. (Name of Limited Liability Company)	
The enclosed A	articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	David Haines	
	(Name of Person)	
<u>C</u>	Nympia Modeling, L.L.C. (Firm/Company)	
	(rum/Company)	
114 De	rby Lane	
	(Address)	
Royal Palm Beach, Florida 33411		
	(City/State and Zip Code)	
For further info	ormation concerning this matter, please call:	
David Haines	at (561) 714-3497	
	(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

l office of the Limited	Liability Company is:
Mailing Address:	
114 Derby Lane	and the second s
Royal Palm Beach, F	Florida 33411
	nt's Signature:
David Haines Name	
	
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VOT acceptable)	
	114 Derby Lane

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..

Registered 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: Name and Address:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	••
MGRM	David Haines
-	114 Derby Lane
	Royal Palm Beach, Florida 33411
<u></u>	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
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 that the facts stated herein are true.)

David Haines

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)