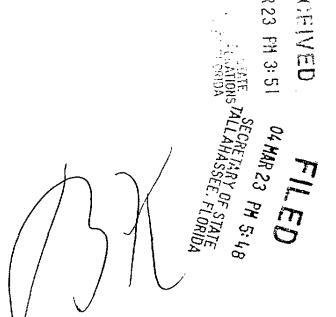
## L04000022170

	(Address)
	(Address)
	(City/State/Zip/Phone #)
Γ	CK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified (	S Certificates of Status
Special	actions to Filing Officer:
	I
	Office Use Only



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**C**A

## TAL CONNECTION, INC.

417 E. (850) 2

inia Street, Suite 1 • Tallahassee, Florida 32301 870 • 1-800-342-8062 • Fax (850) 222-1222

For	<	Je	By	Dwner	LIC
				——————————————————————————————————————	

OLIMA 23 PH 5:48

•		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
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signatur		Fictitious Owner Search
8		Vehicle Search
		Driving Record
Request	1/2 3/23	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
TAILLE	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANIZATION FOR FLORIDA LIABILITY FLORIDA LIABILITY COMPANIZATION FLORIDA LIABILITY FLORIDA LIABILITY FLORIDA LIABILITY FLORIDA LIABILITY FLORIDA LIABILITY FLORIDA LIABILITY FLORIDA LIAB

RTICLE I - Name:

te name of the Limited Liability Company is:

FOR SALE BY OWNER, LLC

RTICLE II - Address:

te mailing address and street address of the principal office of the Limited Liability Company is:

incipal Office Address:	Mailing Address:
122 S.W. 49TH S+	SAME
CAPE CORAL FL 33914	

RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

he name and the Florida street address of the registered agent are:

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

CAPE CORAL FL 339/4

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..

(CONTINUED)

Page 1 of 2

•	
ARTICLE IV- Manager(s) or Ma The name and address of each Man	maging Member(s): ager or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	Evanto and Montons
"MGRM" - Managing Member	
SINGLE MEMBER	ARMAND GAUDETE
MGR	2122 S.W. 49 TH SE
,,,,,,,	CAPE CORAL, FL 33914
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Anna	I Manchet
Signature of a n	nember of an authorized representative of a member.
of this document that the facts sta	oith section 608,408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
BRMANI	O GAWETTE Typed or printed name of signee
	Fling Fees:  \$160.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

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