L04000026248

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

Office Use Only



800031727098

U4/U7/U4--U1U46--ÜÜ6 **125.ÜÜ



EFFECTIVE PATE 03/31/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II- Address:			
The m. iling address and Si	reet address of the principal	l office of the Limited Liabi	lity Com
is:			
Princ pal Office Addre	ss:	Mailing Address:	
159 B ETTWOOD CIRCL	E	<u>SAME</u>	
CRAV FORDVILLE, FL :			
		SAME Registered Acent's Signature	a. '
ARTICLE III Registere	d Agent, Registered Office, d	& Registered Agent's Signature	
ARTICLE III Registere The na ne and the Florida s	d Agent, Registered Office, d treet address of the registered age	& Registered Agent's Signature	e 04 APR
ARTICLE III Registere The na ne and the Florida s	d Agent, Registered Office, d	& Registered Agent's Signature	
ARTICLE III Registere The na ne and the Florida s	d Agent, Registered Office, & treet address of the registered age	& Registered Agent's Signature	04 APR -7
ARTICLE III Registere The na ne and the Florida s	d Agent, Registered Office, & treet address of the registered age	& Registered Agent's Signature	

City, State, and Zip

Having been no ned 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 provide for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

O4 APR -7 PH 1: 15

Title: "MCR" = Manager "MCRM" - Managing	Name and Address: Member
MG ₹M	VICTOR ALLEN KING
	159 BETTYWOOD CIRCLE
	CRAWFORDVILLE, FL 3232
	LEON COUNTY, FL - USA
(Use attachment if nec	eessary)
NOLE: An additiona	l article must be added if an effective date is reque
RECUIRED SIGNAT	VRE:
Tu	los A line
Signature	of a member or an authorized representative of a member
document (unce with section 608,408(3), Florida Statutes, the execution of constitutes an affirmation under the penalties of perjury that the in are true.)
0.0.100 1247	

Filing Fees:
\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certifical Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE V-EFFECTIVE DATE

THE EI FECTIVE DATE OF THE LLC SHALL BE MARCH 31, 2004

ARTIC LE VI-DURATION

THE PFRIOD OF DURATION FOR THE LLC SHALL BE - PERPETUAL

ARTIC LE VII-ADMISSION OF ADDITIONAL MEMBERS

THE RIGHT, IF GIVEN, OF THE MEMBERS TO ADMIT ADDITIONAL MEMBERS AND THE TERMS AND CONDITIONS OF THE ADMISSION SHALL BE:

UNANI MOUS CONSENT MUST BE GIVEN BY THE MEMBERS TO ADMIT A NEW MEMBER, ASSIGN AN INCOME INTEREST IN THE LLC, MAKE DISTRIBUTIONS, OR OBLIGATE THE LLC IN ANY MANNER.

ARTIC JE VIII-THE PURPOSE OF THE LIMITED LIBILITY COMPANY IS:

TO PRE FORM ALL THE DUTIES IN THE REGULAR COURSE OF BUSINESS OF A LICENSED AUTIO (IEER.

ARTICLE IX-MEMBERS RIGHTS TO CONTINUE BUSINESS

THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS OF THE LLC TO CONTINUE THE BUSINI SS ON THE DEATH, RETIREMENT, RESIGNATION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER OR THE OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LLC SHALL BE:

THE LL C SHALL BE DISCONTINUED AND DISSOLVED UPON THE OCCURANCE OF ANY OF THE ALOVE MEMTIONED EVENTS, WITH THE EXCEPTION OF BANKRUPTCY, AS THEY MAY APPLY TO ANY MEMBER.