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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 18, 2004

YOLANDA EDWARDS P.O. BOX 271 PALM CITY, FL 34991

SUBJECT: YOLANDA EDWARDS LIMITED LIABILITY COMPANY

Ref. Number: W04000010952

We have received your document for YOLANDA EDWARDS LIMITED LIABILITY COMPANY, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 304A00018142

Diane Cushing Document Specialist

District of Council and D.O. DOY COOR III. 1 The 11 COOR

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
yolonda Edwards	limited lists, 1tz company
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
9001 Fox Brown Pc)	P.D Box De T
Indian town 7A 34957	Palm ch體新一
	34991 88 - 1
	FLO ST
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	
4010rda E	auards
Florida street address (P.O. Box NO	en Rd Indiantown 24 M succeptable) Trajon Sy 957
City, State, and Zip	DRIDA

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 um 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:

Title: "MGR" - Manager "MGRM" + Managing Member	Name and Address:
Mar	PO Box 21 Palm Cd, 7# 349 1001 Fox Brown Rd Fraignton 34957
	SECRETA APRI -
(Use attachment if necessary)	T 3: 13  SEE. FLORIDA

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 penjury

that the facts stated herein are true.)

lyped of printed name of vignes

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agest

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)