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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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TRANSMITTAL LETTER

	Registration Section Division of Corporations				
SUBJEC	CT: LPH, LLC				
(Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Elizabeth A. Hewitt					
	(Name of Person)				
LPH, LLC					
(Firm/Company)					
6389 Cottontail Road					
	(Address)				
Miami Lakes, FL 33014					
(City/State and Zip Code)					
For furth	her information concerning this matter, please call:				
Elizabe	at (_786				
	(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:			
LPH, LLC			
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6389 Cottontail Road	6389 Cottontail Road		
Miami Lakes, FL 33014	Miami Lakes, FL 33014		
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis			
Elizabeth A. Hewitt	04		
Name	L ■ AP		
6389 Cottontail Road	(D) (T)		
Florida street address (P.O. Bo	x NOT acceptable)		
Miami Lakes	FLORIDA 33014		
City, State, and Z	ip 2*		

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	Elizabeth A. Hewitt			
	6389 Cottontail Road, Miami Lakes, FL 33014			
MGR	Stephen M. Hewitt			
	6389 Cottontail Road, Miami Lakes, FL 33014			
<u> </u>				
(Use attachment if necessary)				
•				
NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:				
Malest a Hausto				
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.)				
Elizabeth A. Hewitt				
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)