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TRANSMITTAL LETTER

I RANSMII I AL LEI I ER		
TO: Registration Section Division of Corporations		
SUBJECT: WILLY AND MARIE 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:		
Willy REMY (Name of Person)		
Willyand MARIE, LLC"		
1126 NE 16TH PLACE BOX #4		
(Address)		
FT. LAUNERDALE, FL 33304 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Willy REMY at 954, 683-1369		
(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 04 APR 28 PM 1: DL



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 12, 2004

WILLY REMY 1126 NE 16TH PL. #4 FT. LAUDERDALE, FL 33305

SUBJECT: WILLY AND MARIE, CO. LLC.

Ref. Number: W04000014080

We have received your document for WILLY AND MARIE, CO. LLC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 904A00023831

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Willy AND MARIE. "LL	<i>C</i> "
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:
1126 NE 16TH PLAPT3	1126 NE 16TH PLACE
FT. LAUDERDALE, FL 33305	Box#4
<u>'</u>	FT. LAUDERDALE, FL 33305
ARTICLE III - Registered Agent, Registered Off	ice. & Registered Agent's Signature:
The name and the Florida street address of the regist	
	APR
Willy Remy	R 28
1126 NE 16TH PLACE	- APT 3 PER ORPOR
Florida street address (P.O. Box	NOT acceptable)
FILAUNEPHOLE	<u> </u>
FT. LAUDERDALE, City, State, and Zi	p

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 Manager and address of each Manager	ger or Managing Member is as follows:	
<u>Title:</u>	Name and Address:	•
"MGR" = Manager		
"MGRM" = Managing Member	11.114 1)	
116 K	WILLT KEMY	
	FILAUNE INDIA TO 3230	<u>-</u>
"mc Qm"	Trendromme, 7 C. 3.3.30.	u
11GK111	MARIE KOSEMONID	
	Y/ / HUDERDALE FL2	3305
	,	
		
		
		
(Use attachment if necessary)	•	
		<u>_</u> 5
		WISTON OF CO
NOTE: An additional article must	be added if an effective date is requested.	PR CELL
REQUIRED SIGNATURE:		28
16.00	Wille King lake	고 공유 ^다
Signature of a member of a	n authorized representative of a member.	新斯斯 1: 04
V //	08.408(3), Florida Statutes, the execution	24 ONE
of this document constitutes a that the facts stated herein afe	nn affirmation under the penalties of perjury	•
that the facts stated herein are	of m U	
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)