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Special Instructions to I	Filing Officer:	
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OH HAY 20 AM II: 02

Cushion Investments P.O. Box 28248 Jacksonville, FL 32226-8248

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

To Whom It May Concern:

Enclosed are the Articles of Organization for Cushion Investments LLC. If you have any questions you may contact us using the following information.

James E. Cushion Jr. or Patrice E. Cushion

Street Address: 10873 Lydia Estates Dr E., Jacksonville, FL 32218

Mailing Address: P.O. Box 28248, Jacksonville, FL 32226-8248

Daytime Phone: (904) 766-9522, Fax: (904) 764-2052

Sincerely,

James E. Cushion Jr.

OH MAY 20 AM II: 02

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: CUSTION INVESTMENTS 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:		
JAMES E. CUSKION US.		
(Name of Person)		
<u>Cushion</u> Investments		
(Firm/Company)		
10873 Lydia Estates Dr. East	_	
(Address)	7	
1 average Property and Park	04 MAY 20 AM 11: 02	
JACKSONVILLE FLORIDA 32218 PRO (City/State and Zip Code)	~ ~	
(City/State and Zip Code)	, Ö	6
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For further information concerning this matter, please call:	, -#- 	
JAMES E Cushio210 at (904) 766-9522 =	. 2	
(Name of Person) (Area Code & Daytime Telephone Number)		•

STREET ADDRESS:

TO:

Registration Section

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

Cushion Investme	ents LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10873 Lydia Estates Dr. E.	PO BOX 28248
JACKSONVIlle, FL. 32218	JACKSONVIlle, FL 32226-1
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	
The name and the Florida street address of the reg	gistered agent are:
The name and the Florida street address of the res	ristered agent are: ACCUALLANCE AY AY AY AY AY AY AY AY AY A
The name and the Florida street address of the reg	thes Dr. E. SSSS
The name and the Florida street address of the results of the resu	thes Dr. E. Box NOT acceptable) Prince Dr. E. Box NOT acceptable)

Page 1 of 2 (CONTINUED)

registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

The name and address of each Mana	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JAMES E. CUSHIDD Jr. 10873 Lylia Estates Dr. E JACKSONVINE, FL 32218
MGRM	PATRICE E. Cushlon 10873 Lydia Estates Dr. E. JACKSONVIlle, FL. 32218
(Use attachment if necessary)	O4 MA
NOTE: An additional article must	be added if an effective date is requested to the second s
REQUIRED SIGNATURE:	F.
Signature of a member or a	in authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein ar	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)
James E. C.	whish all

ARTICLE IV- Manager(s) or Managing Member(s):

\$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)

Typed or printed name of signee