L04000042440

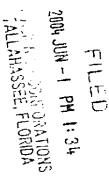
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400037363664

06/01/04--01062--002 **125.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Charles Weirs
(Name of Person)
(Firm/Company)
1205 General Pointe Trace
Palm Beach Gardens, 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Weis (691-9274
(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

ر المنظقة المنظقة	THE TO
THE STATE OF THE S	ング
ζ.	Colomb M. S. O.
	TO SE

FLORIDA LIVITED LIABILITY COMPANY	100 3 3 C
ARTICLE I - Name: The name of the Limited Liability Company is:	THE STATE OF THE S
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit	ty Company is:

Principal Office Address:	Mailing Address:
1205 General Pointe Trace	1205 General Pointe Lace
Palm Beach Gardens, FL	Palm Beach Gardens, FL
33418	33418

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Charles Werss

Name

1205 General Pointe Trace

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardins

City, State, and Zip

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 The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address: Charles Weirs 7205 General Pombe / Jace 7 Palm Beach Garding # 33418
(Use attachment if necessary)	
	added if an effective date is requested.
REQUIRED SIGNATURE:	uthorized representative of n member.
(In accordance with section 608.	.408(3), Florida Statutes, the execution iffirmation under the penalties of perjury

\$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