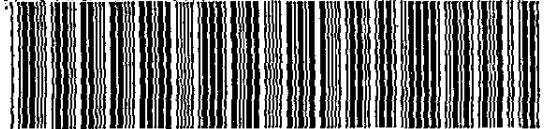


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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06/08/04--01026--007 **125.00

(Requestor's Name)

(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:

Office Use Only

AL

TRANSMITTAL LETTER

FILED

Department of State of Florida
Division of Corporations - Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

2004 JUN -8 P 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FGD & ASSOCIATES, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

☒ \$125.00 (Filing Fee)

☐ Other Fee \$. Description

☐ Other Fee \$. Description

FROM: Fay Dressler
3090 North Course Drive #801
Pompano Beach, FL 33069

CONTACT PHONE NUMBER:(954) 971-8878

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 JUN -8 P 3:49

SUBJECT: FGD & ASSOCIATES, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAY E. DRESSLER

(Name of Person)

(Firm/Company)

3090 NORTH COURSE DRIVE #801

(Address)

POMPAN0 BEACH, FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

FAY E. DRESSLER

(Name of Person)

at (954) 971-8878

(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**

FILED

2004 JUN -8 P 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

FGD & ASSOCIATES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3090 NORTH COURSE DRIVE #801

POMPANO BEACH, FL 33069

Mailing Address:

3090 NORTH COURSE DRIVE #801

POMPANO BEACH, FL 33069

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

FAY E. DRESSLER

Name

3090 NORTH COURSE DRIVE #801

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

POMPANO BEACH FLORIDA 33069

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..

Fay E. Dressler

Registered Agent's Signature

FILED

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

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

FAY E. DRESSLER

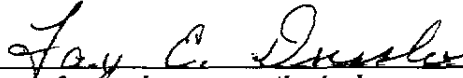
3090 NORTH COURSE DRIVE #801

POMPANO BEACH, FL 33069

(Use attachment if necessary)

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 perjury that the facts stated herein are true.)

FAY E. DRESSLER

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)