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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: 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:
GREGORY DONNELLY Name of Person)
(Firm/Company)
502 DEVON Place
Henthrow Florida 32786 (City/State and Zip Code)
(City/Seate and Exp Code)
For further information concerning this matter, please call:
SANCIRA DONNE/L at 40 7 333-9204 (Name of Person) (Area Code & Daytime Telephone Number) OFFICER TARKED OFFIC
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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

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
DONNE //4	Ray /tm	L.L.C.
201010111	Carl	
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
502 DEMON PLACE	502	DEVON TAG
Hertheon, Florida	Heathra	w. Florida
32746	3274.	6
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist		Signature:
GRE GORY Name	DUNELLY	_
502 DEVOI		
Florida street address (P.O. Box		,
HEA Phrow City, State, and Zi	FLORIDA 327	DIVISION SEC
ring been named as registered agent and to accept service of upany at the place designated in this certificate, I hereby act to act in this capacity. I further agree to comply with the	of process for the above stat ecept the appointment as reg	gistered age ਜ਼ an년골든 -
e to uct in this equality. I jurilier agree to comply with the I complete performance of my duties, and I am familiar with	h and accept the obligations	s of my position as so
registered agent as provided for in Chapt	er 608, Florida Statutes	AND
Simon h		- X
Registered Agent's Sign	ature	To grade the second section of the second section of the second section of the second section of the second second section of the

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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		,
MCR	GREGORIN TONN	. //2
7.01	CO DEVOS PI	ma a
	Horthans, Floris	In 3274L
1100		1/
MGR	SANCINA DONNE	<u> </u>
	1/2 to Davon Pr	POE
	HERFERNEY FISHER	La 52796
<u>.</u>		
		
we was		
——————————————————————————————————————		
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(Use attachment if necessary)		
•		
NOTE: An additional article mu	st be added if an effective date is requested.	
REQUIRED SIGNATURE:	70 N 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 - 3 - 1 - 15
	- 10 /m	2 Z
Luna	Daniel _	
Signature of a member a	r an authorized representative of a member.	- 95 F
(In accordance with section	n 608.408(3), Florida Statutes, the execution	# 87F
of this document constitute	es an affirmation under the penalties of perjury	공 장무다
that the facts stated herein	are trues	8: XX
man	or printed name of signee	- TE
	or printed milite or arginee	

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)

June 10, 2004

Dear Florida Department of State,

I would like to request an effective date for today June 10, 2004 for Donnelly Realty L.L.C.. If you need to contact me for any reason- my cell # is 407 312-2443 Thank you-

Sincerely,

Gregory Donnelly

DIVISION OF CORPORATIONS