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|                      | (Requestor's Name)       |          |
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|                      |                          |          |
|                      | (Address)                |          |
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|                      | (Address)                |          |
|                      | (City/State/Zip/Phone #) |          |
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| PICK-UF              | WAIT                     | MAIL     |
| *                    |                          |          |
|                      | (Business Entity Name)   |          |
|                      |                          |          |
| :                    | (Document Number)        |          |
| Certified Copies     | Certificates of          | Status   |
|                      |                          |          |
| Special Instructions | to Filing Officer:       | T        |
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## TRANSMITTAL LETTER

| TO: Registration Section 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:  (Name of Person)   | -     |
| (Firm/Company)                  | # # P |
| For further information concerning this matter, please call:  at 850.56-03  (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 Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |       |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |
|--|
| The name of the Limited Liability Company is:  Op Joil Hal Gal & Juved Went Polip, L. C.   |
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:   |
| Principal Office Address:  Mailing Address:  Appliachicala, H.  Grandola, H.  Salandario de la companya de la c |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:   |
| The name and the Florida street address of the registered agent are:   |
| Floridal straet address (P.O. Box NOT acceptable)  City, State, and Zip  SECRETARY OF SECRETARY OF STATE  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, F.S  Registered Agent's Signature   |
| (CONTINUED)  |

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

| The name and address of each Manager | or Managing Member is as follows:            |                  |                    |
|--------------------------------------|--|------------------|--------------------|
| Title: "MGR" = Manager               | Name and Address:                            |                  |                    |
| "MGRM" = Managing Member             | the templacher IV.                           | · •              |                    |
| Bouce Allender MyRi                  | 30222<br>Residencela, A                      |                  | . <u>.</u>         |
| Jami Ser Milander-Warn               | 122 Mary A. Johnson A. T.                    | NUC 20           | SECRETI<br>TALLAHA |
|                                      |  | JUN 18 AH 10: 57 | ANY OF             |
| (Use attachment if necessary)        |  | 10: 57           | STATE              |
| NOTE: An additional article must be  | added if an effective date is requested.     |                  |                    |
| REQUIRED SIGNATURES                  | Man.   |                  |                    |
| Signature of a member                | or an authorized representative of a member. |                  |                    |

Typed or plinted name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)