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((City/State/Zip/Phone #)	
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(E	Business Entity Name)	
(C	Document Number)	
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UE III

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1900 S. Federal Hwy, Unit 520, Sxc ATT TO STATE A STATE A

		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File L.C. File AND Partnersmip File Foreign Corp. File AND PARTNERSMIP File Firstitions Name File
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		Trade/Service Mark
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		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
3		Vehicle Search
		Driving Record
Requested by: Column	UCC 1 or 3 File	
	<u> </u>	UCC 11 Search
		UCC 11 Retrieval
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FLORIDA LIMITED LI	ABILITY COMPANY	
ARTICLE I - Nan The name of the Li	ne: imited Liability Company is:	ABILITY COMPANY	
7900 S. Federal Hwy	y., Unit 520, L.L.C.	وي المحادث	
ARTICLE II - Ad The mailing addres	· == ·	ncipal office of the Limited Liability Company is:	
Principal Office A	ddress:	Mailing Address:	
1664 Flagler Manor (Circle	1664 Flagler Manor Circle	
West Palm Beach, F	L 33411	West Paim Beach, FL 33411	
	egistered Agent, Registered of Florida street address of the reschiration K. Bearse Name 1664 Flagler Manor Circle Florida street address (P.O.	3: 28 STATE LORIDA	
	West Palm Beach	FLORIDA 33411	
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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Christine K. Bearse 1664 Flagler Manor Circle West Paim Beach, FL 33411 Member Kim Myrick c/o 1664 Flagier Manor Circle West Palm Beach, FL 33411 (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.) Christine K. Bearse, Manager

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

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)

Typed or printed name of signee