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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACHARD DAMONES RESUMMENT CONTRACTION. LTO, CO,
(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:

REALED DAMONES RESUMMENT CONTRACTION, LTD. CO
(Frim/Company)

722C BEACON P. BUD.
(Address)

WARN HARBER TO SHOWS
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (727) 420-7631 or 787-6372 (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

ARTICLE I - Name:

The name of the Limited Liability Company is:

rincipal Office Address:	of the principal office of the Limited Liability Com <u>Mailing Address:</u>	ipatiy is:
1250 BEACON DE B	D. 2006 BEACON PT B	MD.
ALM HARBOR FE 340	523 VAIN HARBOR FI 3	7 <i>63</i> 2
	egistered Office, & Registered Agent's Signature	1.0
ne name and the Florida street addres	ss of the registered agent are:	ا 04 ا
ne name and the Florida street addres		04 JUL -2
ne name and the Florida street address Rettario 2226 Rea	DAMOURS JR.	04 JUL -2 AN 8:

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 Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MERM (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.) 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)