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TRANSMITTAL LETTER

	Registration Section Division of Corporations	
SUBJEC	CT: MOUNTAIN - TOUCAN LLC (Name of Limited Liability Company)	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	MARK GINSBURG (Name of Person)	
	(Name of Person)	
	(Firm/Company)	
	831 N W 57 th St (Address)	
	Ft Lauderdole Fla 33309 (City/State and Zip Code)	
	(City/State and Zip Code)	
For furth	ner information concerning this matter, please call:	
m	NAK GINSBURG at 954 9380999 (Area Code & Daytime Telephone Number)	
	(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
P.O. Box 6327

Tallahassee, Florida 32314

JL 27 F1 3:0;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:
-	•
<u> </u>	-TOUCAN UC
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
831 NW 57th 57	+ SAME
831 NW 57th 57 FT LAUDERDAY,	<i>F</i> /
	3309
	AKK GINSBURG Name 2 57 th 3t Ft Landerdole, reet address (P.O. Box NOT acceptable)
Florida stre	reet address (P.O. Box NOT acceptable)
_ F + Can	City, State, and Zip
aving been named as registered agent and ompany at the place designated in this cert ree to act in this capacity. I further agree t nd complete performance of my duties, and	City, State, and Zip I to accept service of process for the above stated limited liability tificate, I hereby accept the appointment as registered agent and to comply with the provisions of all statutes relating to the proper d I am familiar with and accept the obligations of my position as wided for in Chapter 608, Florida Statutes.

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	
MGR	MARK GINSOURG
	831 NW 873 St
	MARK GINSONG 831 NW 87th St FT LAUDERDME, Fly 53309
merm	
MOKIN	KIPP GINSBURG 831 NW 57th ST FF CAUDERONCE, Fla 33307
	FT LANDERONLZ, Fla 33307
	FI CHOVEROICE, FIG. 33307
-	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
	1 .
_ mil	Simples in.
Signature of a member or	an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution
of this document constitute that the facts stated herein:	es an affirmation under the penalties of perjury are true.)
MARK	J GINSBURG, M.D IS P
Typed	or printed name of signee
	J GINSBURG, M.B or printed name of signee
Fees:	
0 Filing Fee for Articles of Organization	The state of the s
0 Designation of Registered Agent	