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| (Requestor's Name) | | |
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| (Address) | | |
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| () | , | |
| | 10 7 7 | |
| (Cn | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to Filing Officer: | | |
| eposition of thing officer. | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|---|--------------|--------------|-------|
| SUBJECT: Five on 30 A LZ (Name of Limited Liability) | ty Company) | | | |
| The enclosed Articles of Organization and fee(s) are submitted | for filing, | | | |
| Please return all correspondence conce | erning this matter to the following: | | | |
| Rene Name of F | Pariel Person) | _ | | |
| Five on 30 (Firm/Con | DA LL,C | 4 | | |
| P.O. BOX 6/15 | 55 | | _ | |
| Roseman Beach | F/ 32461 | <u>-</u> | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Person) at (8) | SO 33/-2/03 Area Code & Daytime Telephone Number) | <u>3</u> | | |
| , | | 記録が | 04 JUL 27 FM | FILED |
| 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 | | 3 3 3 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

110

ARTICLE I - Name:

The name of the Limited Liability Company is:

no 304

| - 110C OF 5011 LL | <u>, C</u> | | |
|--|---|--|--|
| ARTICLE II - Address: The mailing address and street address of the principa | l office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 46 Bourne Lane | P.O. Box | | |
| Roseman Beach Fl | 611555 | | |
| 324/3 | Roseman Reach KI | | |
| | 32461 | | |
| ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register | | | |
| Rene Danie | | | |
| Name 46 Bourne Lo Plorida street address (P.O. Box 1 | <u> </u> | | |
| Panama City Brant FLORIDA 324/3 City, State, and Zip | | | |

Page 1 of 2 (CONTINUED)

cgistered Agent's Signature

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..

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MCR Por Box 61555 Kozenary Beach Fl 32 461 Morry Box 61555 Kozenary Beach Fl 32 461 Morry Box 611650 Adarry Gl Box 611650 Adarry Faar Fl Oserwy Beach Fl Oserwy Beac

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)

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

Typed or printed name of signee

that the facts stated herein are true.)