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TALLAH OF BAMILLOU

DEPARTMENT STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

04-5838 3 CR

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: NAVARRE PARTNERS, LLC (Name of Limited Liability Company)	**************************************
The en	iclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	JOEL E. KURASCH	
	(Name of Person)	and the second
•	NAVARRE PARTNERS, LLC	
	501 BIAIRSTONE ROAD # 503	
	(Address)	
	TALLA HASSEE, FL 32301 (City/State and Zip Code)	SECRE TALLAI 04 AUG
For fu	orther information concerning this matter, please call:	-6 Al
<u>Z</u>	OEL KURASCH at 321 961-7655 (Name of Person)	AMIL: OF
	(Name of Person) (Area Code & Daytime Telephone Number)	2 22

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:				
NAVARRE PARTNERS, LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
501 BIATRSTONE, #503	SAME ?			
TALLAH ASSEE, FL 32301	AUG-6			
	şî :			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
SOEL E. KURASCH				
501 BLAIRSTONE ROAD, # 503 Florida street address (P.O. Box NOT acceptable)				
TALLAHASSEE FLOR	UDA 32301			

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:

"MGR" = Manager

"MGRM" = Managing Member

MGRW

SOEL E. KURASCH

SDI BLAIR STONE KOAO, #503

TALLAHASSEE, FL 32301

WIRGINIA S. KURASCH

SDI BLAIR STONE ROAO, #503

TALLAHASSEE, FL 32301

WIRGINIA S. KURASCH

SDI BLAIR STONE ROAO, #503

TALLAHASSEE, FL 32301

(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)