L04000059149

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
	_		
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		

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TO: Registration Division of		TAL LETTER	DINJOHOUS SEE, FLORIDAS	
SUBJECT:	Twister LLC		GE 5	
Sobsect.		Liability Company)	- 50 TS	
The enclosed Articles	•	te concerning this matter to the following:		
	Hector Lizasu			
	. (Na	ame of Person)		
	Twister LLC		······································	
(Firm/Company)				
	1643 Neptune	Road		
		(Address)	· · · · · · · · · · · · · · · · · · ·	
	Kissimmee, FL	. 34744 Itate and Zip Code)	<u>.</u>	
	(01.97.01	and and any coder,		
For further information	on concerning this matter, please ca	ail:		
Hector Li		at (407) 944-1 <u>311</u>		
	me of Person)	(Area Code & Daytime Telephone Numb	er)	

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

ARTICLES OF ORGA FOR FLORIDA LIMITED LIABI		
ARTICLE I - Name: The name of the Limited Liability Company is:	E. L. S. L.	
Twister LLC	A Constitution of the cons	
ARTICLE II - Address: The mailing address and street address of the principal Principal Office Address:	al office of the Limited Liability Company is: Mailing Address:	
1643 Neptune Road	1643 Neptune Road	
Kissimmee, FL 34744	Kissimmee, FL 34744	
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the registe		
Hector Lizasuain Name		
Florida street address (P.O. Box	NOT acceptable)	
Kissimmee	FLORIDA 34744	
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 Algent'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: "MGP" = Manager					
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ASSEE, T			
Manager	Hector Lizasuain	``````			
	1643 Neptune Road Kissimmee, FL 34744				
Managing Member	Twis H. Lizasuain 1643 Neptune Road Kissimmee, FL 34744				
-					
	<u> </u>				
(Use attachment if necessary)					
	Dunally by thorized representative of a member.	ted.			
(In accordance with section 606, of this document constitutes an a that the facts stated herein are the	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)				
Hector Li	izasuain inted 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)