## 104100042513

(Requestor's Name)  (Address)	90040206749
(City/State/Zip/Phone #)	
(Business Entity Name)  (Document Number)	08/19/0401012009 **125.00
Special Instructions to Filing Officer:	O4 AUG 19 PH 4: 00 SLCW TALLARAUSKE FLORIBA

Office Use Only

DQC. EXAM

394 Lake View Lane Palm Bay Fl. 32909 8/17/04

To Whom It May Concern.

This is to inform you that my name is Vilma Williams. My address is 394 Lake View Lane Palm Bay Fl. 32909. Telephone number is 321-726-9145 or 321-543-5751.

Sincerely,

Vilma Williams.

## TRANSMITTAL LETTER

TO: Registration Section Division of Corpor				
SUBJECT: <u>EAST</u>	NA CHARLE (Name of L	5 INVESTM imited Liability Company)	ENT	
The enclosed Articles of Or	ganization and fee(s) ar	e submitted for filing.		
Please return all corresponde	ence concerning this ma	atter to the following:		
VI/MA F.	William Name of Person)	<u>S.</u>		
EASTON CH	Pirm/Company)	ENVESTMENT. L	C	
394 LAKE	View LA Address)	WE		SEON TALLA
PAlm BAY				MASSIE FI
For further information conc	erning this matter, plea	se call:		JINIE OKI <b>BA</b>
VIIMA WIII (Name of P	(IAMS erson)	at (32/ 726 (Area Code & Daytime Te	-9145 lephone Number)	
closed is a check for the follow	ing amount:	المراجع المجين المراجع	w to see	
	.00 Filing Fee & C	S \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	
STREET ADDRE Registration Section		MAILING Registration	ADDRESS:	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
EASTON CHARLES	INVESTMENT. UC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
394 Lake View Lane PAIM BAY F1.32909	SAME.			

The name and the Florida street address of the registered agent are:

Na Na

394 LAKE VIEW LANE

Florida street address (P.O. Box NOT acceptable)

PAlm BAY FL 32909.

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, F.S..

Registered Agent's Signature

(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	
MGRM	Vilma Williams
	394 LAKE View Lane
	PAIM BAY F1, 32909
<u>MGR</u>	PATRICK WILLIAMS
	29H Lake View Lane
	11111 1311 17. 35191.
- · ·	
Use attachment if necessary)	
	- ·
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
West of the second seco	
	Illiam 6.
Signature of a membe	r or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)
Vilma	Williams
	ped or printed name of signee
	Rillng Fase
	PRINTED PRINTS

\$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)