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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2004 SEP 17 AM II: 32
2004 SEP 17 CORPORATIONS
ALLAHASSEE, FLORIDA

WOY-33485 J. BRYAN SEP - 3 2004

J. SPIMAN SEP 2 0 2004

TRANSMITTAL LETTER

	stration Section sion of Corporations
SUBJECT:	Waynelynn L.L.C.
	(Name of Limited Liability Company)
The enclosed	Articles of Organization and fee(s) are submitted for filing.
	Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Peggy Jones (Name of Person) Waynelynn LLC
	Peggy Jones Egg
	(Name of Person)
_	_ Waynelynn LLC
_	(Firm/Company)
	529 Truett Drive
	(Address)
	Tallahassee, Fl 32303
	(City/State and Zip Code)
For further inf	Formation concerning this matter, please call:
Peggy Jones	
	(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 3, 2004

PEGGY JONES WAYNELYNN LLC 529 TRUETT DRIVE TALLAHASSEE, FL 32303

SUBJECT: WAYNELYNN L.L.C. Ref. Number: W04000033485

OM SE 1 MIL 32 ON ON ONS

We have received your document for WAYNELYNN L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

We are returning your check for \$100.00 to be replaced by one in the correct amount of \$125.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 504A00053631

Joey Bryan Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF ALL	AM SE COLL.	10 M	
		CORTANA	1.32 1/8

Waynelynn L.L.C.		
ARTICLE II		e principal office of the Limited Liability Cor
Principal Office	e Address:	Mailing Address:
529 Truett Drive		529 Truett Drive
Tallahassee, FI 32303	2303	Tallahassee, Fl 32303
ARTICLE III -	Registered Agent. Regist	ered Office. & Registered Agent's Signatur
		ered Office, & Registered Agent's Signatur
	Registered Agent, Registere Florida street address of t	
	ne Florida street address of t	
	ne Florida street address of t Peggy Jones	
	e Florida street address of t Peggy Jones N	he registered agent are:
	Peggy Jones N 529 Truett Drive	he registered agent are:
	Peggy Jones N 529 Truett Drive	he registered agent are: ame (P.O. Box NOT acceptable)
	Peggy Jones Peggy Jones N 529 Truett Drive Florida street address Tallahassee,	he registered agent are: ame (P.O. Box NOT acceptable)
	Peggy Jones N 529 Truett Drive	he registered agent are:
	Peggy Jones Peggy Jones N 529 Truett Drive Florida street address Tallahassee,	he registered agent are: ame (P.O. Box NOT acceptable) FLORIDA 32303

Page 1 of 2 (CONTINUED)

registered agent as provided for in Chapter 608, Florida Statutes...

_	er or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Aging Member(s): Per or Managing Member is as follows: Name and Address: Peggy Jones	
MGRM	Peggy Jones 529 Truett Drive Tallahassee, FI 32303	
<u></u>		E
		-
Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

Peggy Jones

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee