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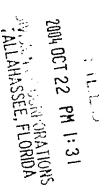
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL MAIL		
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J. BRWAN OCT 2 5 2004

TRANSMITTAL LETTER

TO:

Registration Section

Tallahassee, Florida 32399

Division of Cor	porations						
SUBJECT: Esc Ctrl E	Enterprises L.L.C.						
	(Name of Limited Liability Company)						
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.					
Please return all corresp	ondence concerning this matte	r to the following:					
Kennis M							
	(1)	lame of Person)					
			DOWN OCT 22 PM 1:30 PRATIONS				
	(I	Firm/Company)	122				
			SEE				
1500 S. Lak	e Avenue						
		(Address)	ST.				
Apop	ka, Florida 32703						
- T	<u> </u>	State and Zip Code)					
For further information	concerning this matter, please	call:					
Kennis Morse Jr.		at (321 388-4170 (Area Code & Daytime To	or (407) 886-8864				
(Name	of Person)	(Area Code & Daytime To	elephone Number)				
Enclosed is a check fo	r the following amount:						
3 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street		MAILING A Registration S Division of C P.O. Box 632	Section orporations				

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	, , , , ,
The name of the Limited Liability Company is:	THE THE PARTY OF T
Esc Ctrl Enterprises L.L.C.	The second second
ARTICLE II - Address:	Karing .
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1500 S. Lake Avenue	1500 S. Lake Avenue
Apopka, FL 32703	Apopka, Florida 32703
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Kennis Morse Jr.	
Name	
1500 S. Lake Avenue	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Apopka, Fiorida 32703	FL
City, State, a	nd Zip
liability company at the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited 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.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma		Name and Address:	
Kennis Morse Jr.		Manager	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Mander 22 Par 1:3 loss
· · · · · · · · · · · · · · · · · · ·			The Conference of the Conferen
•			- 75
		***************************************	Mor
(Use attachment	if necessary)		
NOTE: An ado	litional article must be a	added if an effective date is requeste	d.
REQUIRED SI	GNATURE:		
	Signature of a member or	ONL A. an authorized representative of a member.	
		608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
	Kennis Morse Jr.		
	Typed o	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)