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| | SECRETA | | | | |
| (Requestor's Name) | 15.700 | | | | |
| (Address) | | | | | |
| (Address) | <u></u> | | 4 | 20002 | 42734 |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT | MAIL | | | 11/23/0 | 401008018 |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of State | tus | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations 2004 NOV 23 P 4: 00 TALLAHASSEE. FLORIDA ì The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) For further information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) Enci . .: check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 00

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Name Florida street address (P.O. Box NOT acceptable) 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, F.S.. egistered Agent's Signature

(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: | | | | | |
|---|--|---|--|--|--|
| Title: "MGR" = Manager | Name and Address: | 2004 NOV 23 ₱ ¥: 00 | | | |
| "MGRM" = Managing Member | RICARDO CAS 99 W. O.B.T. A APOPKA, FL. 3 | SECRETARY OF STATE TAMES FLORIDA TO C | | | |
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| (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:

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

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