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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE WEDDING CHAPEL of the TRANSFIEURATION ORTHO (Name of Limited Clability Company)	Dod Chuki
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rev. FR. STEFAN LENCUCH (Name of Person)	
The Wedding Chapel (Firm/Company)	, ,-2
93 Windridge Court (Address)	INA HON 24 PM
Pana Wa lidy Bread, TL 32413 (City/State and Zip Code)	FLORIDA
For further information concerning this matter, please call: HHAU Zencucl at 714 712 -0667 cell (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\Begin{array}{c} \text{\$125.00_Filing Fee} & \text{\$130.00 Filing Fee} & \text{\$255.00 Filing Fee} & \$255.00 Filing	
STREET ADDRESS. MAILING ADDRESS.	

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

THE WESTING CHAPEL of HETRANSFIGURATION DETHODOX CHUNCH,

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
93 Windridge Court	93 Windridge Court
PANAMA CITY BEARH	PANAMA CITY BEACH
FLOW DA 32413	FLOID OA, 32413

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

93 Windvidge Court

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

Panama City Black Fl. 324B

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, \$\mathbb{T} \subsets.

(egistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:		
"MGRM"	STEFAN TENCUCHE 93 WINDRIDGE CT.	_	
" M6R"	PANAMA CITY B.FL 32413 KATARINA ZENCUCH 93 WINDWINGE CT. FANAMA CITY BEAC	_	
-	FL 32413	- -	
		_	
(Use attachment if necessa	ary)	- -	
•	rticle must be added if an effective date is requested.		
REQUIRED SIGNATUR	E:		
(In accord of this do	dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)	SECRETA!	

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)

SECRETARY UF STATE

Typed or printed name of signee