. 105000004492

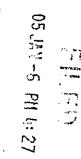
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
16 FC CC					
<u></u>					

Office Use Only



600043731186

01/06/05--01018--013 **160.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: J. J. ANTABLIAN Ltd. Co (Name of Limited Liability Company)							
The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
JAY J. ANTABLIAW (Name of Person)							
(Name of Person)							
(Firm/Company)							
467 S.E. LAKEVIEW DRIVE (Address)							
SEBRING, FL 33870 (City/State and Zip Code)							
For further information concerning this matter, please call:							
JAY ANTABLIAN at (865) 382 6977 (Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$\Bigcup \text{\$125.00 Filing Fee} \text{\$\Bigcup \text{\$130.00 Filing Fee} & Certified Copy (additional copy is enclosed)} \Bigcup \$							

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

A	RT	ICL	Æ	I -	Nа	me:

The name of the Limited Liability Company is:

J.J. ANTABLIAN Ltd. Co

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal	Office	Address:

467 SE LAKEVIEW DRIVE SEBRING, FL

Mailing Address:

467 SELAKEVIEW DRIVE SEBRING FL

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

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

JAY J. ANTABLIAN
Name

5.E. LAKEVIEW DRIVE Florida street address (P.O. Box NOT acceptable)

SERRING FL 33870 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..

(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" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	JAY J. ANTABLIAN 467 S.E. LAKEVIEW DRIVE SEBRIOG, FL 33870
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
b. 11	Que la Alam

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.)

JAY J. ANTABLIAN

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)