## 5000005531

(Requestor's Name)
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PICK-UP WAIT MAIL
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JAN 1 9 2005

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In

Zohouri Developments South Walton, 260	AHASSEE, FLORIDA
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File
	Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement  Cert. Copy
	Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name
	Corp Record Search  Officer Search  Fictitious Search
Signature	Vehicle Search  Driving Record
Requested by:  Name  Date  Time	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	nited Liability Company Ri Development	3 South Walton	, UC	
ARTICLE II - Add	Iress:		, Limited Liability Company is	<b>s</b> :
Principal Office Ad 4001 Preside Suite 1812	<del></del>	Mailing A	ldress:	
	J	•	DIVUTE OF DAN 19	FILE
•	417 E. Virgini	· . —	AM IO: 02  DRPORATION  EE, FLORID  I	MU
•	Florida street address	(P.O. Box NOT acceptable)		
	Tallahassee	FL 32301		
	City, Sta	ate, and Zip	<del></del>	
			ess for the above stated limited accept the appointment as	d

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Weimar Lopez for Capital Connection, Inc.

Registered Agent's Signature

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

(CONTINUED)

	er(s) or Managing Member(s): feach Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing	Name and Address:
MGRM	FRED Zohonki 4001 PRESidential Parkury, Suite 1512 Atlanta, Georgia 30346
	2005 JA DIVIJOR
<i>(1)</i>	ssary)  article must be added if an effective date is requested.
(Use attachment if necessary NOTE: An additional	article must be added if an effective date is requested.
REQUIRED SIGNAT	URE:
Sign	eture of a member or an authorized representative of a member.
(In of the	coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)  The S Howa  Typed or printed name of signee
·	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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