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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Forrtunge Investment "LLC" (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:				
Jean Jennifer Jones (Name of Person)				
Forrtungej Investment "LLC" (Firm/Company)				
5671 NW 98 Way				
Coral Springs FL 33076 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Jean J Jones at (954) 344 - 7287 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□ \$125.00 Filing Fee Certificate of Status  □ \$155.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$160.00 Filing Fee, 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				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Forrtunaej Investment "LLC"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
5671 NW 98 WRY  COURT SPLINGS  FL 3307/  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:  Teau Tennifer Jones  Name
Florida street address (P.O. Box NOT acceptable)  Cora Springs FL 33076  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 618, F.S.  Registered Agent's Signature
(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manag	aging Member(s): er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Jean Jennifer Jones 567/ NW 98 way Colal Springs FL 33076.
(Use attachment if necessary)	be added if an effective date is requested.
REQUIRED SIGNATURE:	
of this document constitute that the facts stated he Tean Jen	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury
Filing Fees:  \$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	

Page 2 of 2