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TRANSMITTAL LETTER

	Registration Section Division of Corporations	, INKO CTA	Co.		
SUBJEC	CT: MANU MINAN	muu G	wko, 6	ce	
	(Name of Lin	nited Liability Cor	npany)		
The encl	osed Articles of Organization and fee(s) a	re submitted for fi	ling.		
Please re	turn all correspondence concerning this m	atter to the follow	ing:		
	BRYAN	UNBER			
		(Name of Person)			
	<u> </u>	(Firm/Company)			-
	7164 COLONY C	WB DR	#306		
		(Address)			
	LAKE WORTH,	FL 339 City/State and Zip Co	163 ode)		
For furth	er information concerning this matter, ples	ase call:			
	BRYAN UNGER (Name of Person)	_at (_314_	393.1	780	
	(Name of Person)	(Area (Code & Daytime Te	dephone Number)	
Enclosed	d is a check for the following amount:			. 	
[]\$125.0	00 Filing Fee	Certified C	Filing Fee & opy py is enclosed)	Certificate of Status Certified Copy (additional copy is enclo	sed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection CATE	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
-GINKO, LLC. GINKO LTD.CO.				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
THE WORTH, FL 33463				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
BRYAN UNDER Name				
7164 COLONY CLUB DR #306				
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.				

(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 Member	Name and Address:
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, <u>, , , , , , , , , , , , , , , , , , </u>	
	•
(Use attachment if necessary)	
NOTE: An additional article mu	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	
	208
Signature of a men	nber or an authorized representative of a member.
of this document co	n section 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury of the ded herein are true.)
	IAN UNBER
<u></u>	Typed or printed name of signee
Filing Fees:	SE P
\$125.00 Filing Fee for Articles of O of Registered Agent	rganization and Designation
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	onal)