

MAR-14-2005 16:03
Division of Corporations

CT CORPORATION

P.01/03

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0383

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05 MAR 14 PM 4:05
DIVISION OF CORPORATION

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05 MAR 14 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

Release Par LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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3p

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Release Par LLC.**ARTICLE II - Address:**

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

Principal Office Address:29550 W. Cahill Ct
Big Pine Key
FL 33043**Mailing Address:**29550 W. Cahill Ct
Big Pine Key
FL 33043**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

NANCY C. SCHAEPE

Name

29550 W. Cahill CourtFlorida street address (P.O. Box NOT acceptable)Big Pine Key FL.
33043

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.

CT Corporation System

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR

Nancy Schaepe
2055 W. Canal CT
BIG PINE Key FL
33043

(Use Attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Nancy Schaepe
 Signature of a member or an authorized representative of a member.

(In accordance with section 605.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nancy Schaepe
 Typed or printed name of signer

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)

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