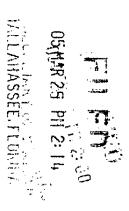
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	(Address)		
	(Address)		
(City/State/Zip/Phone #)			
PICK-UP	Wait Mail		
(	(Business Entity Name)		
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Certified Copies	Certificates of Status		
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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: Forest Circle Classic (Name of I	imited Liability Company)			
(Name of L	minted Elability Company)			
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Esa Delke (Name of Person)				
(Firm/Company)				
3317 n. 11 ni. Da				
3317 North Ridge Rd. (Address)				
, ,				
Tallahassee Florida 32305				
(City/State and Zip Code)				
For further information concerning this matter, plea	se call:			
,,,				
ESAU Dulles	at ( 850 ) 3115 2012	5		
(Name of Person)	at ( 850 ) 345 · 2963 (Area Code & Daytime Telephone Number)	<del></del>	05	
		AF.		# · · · · ·
STREET ADDRESS:	MAILING ADDRESS:	TALLAHASSEE	05 HAR 25	Carrente Carrente
Registration Section	Registration Section	3S		
Division of Corporations	Division of Corporations	<u>u</u> E	PH	4 3
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314		PH 2:	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Forest Circle Classic Cars LC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
3317 North Ridge Rd.  Tillahance FL 32305  3317 North Ridge Rd  Tallahance FL 32305
32305 32305
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ESAN Delke
Name
Name  Name  3317 North Roke Rd.  Florida street address (P.O. Box NOT acceptable)
Tull H 333
Killyhovec FL 32305 FL 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)

<u>tle:</u> IGR" = Manager IGRM" = Managing Member	Name and Address:
16RM	Esto Delke 33/7 North Ridge Rd. Tallahusee FL 32305
se attachment if necessary)	

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.)

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)