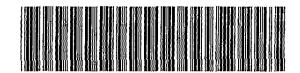
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:  355 FL CC			
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Accolade Enterprises LLC (Name of Lim	ited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:			
Don C. Markham				
	(Name of Person)			
		to provide another against		
	(Firm/Company)			
16877 East Colonial Drive #320				
	(Address)			
Orlando, FL 32820	ty/State and Zip Code)			
For further information concerning this matter, pleas	se call:			
Don C. Markham	at (407 ) 484-7052			
(Name of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for the following amount:				
 □ \$125.00 Filing Fee □ \$130,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
Accolade Enterprises LLC		<del></del> -		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	ability Con	npany i	s:
Principal Office Address:	Mailing Address:			
16031 Corner Lake Dr	16877 East Colonial Drive #320			
Orlando, FL 32820	Orlando, FL 32820			
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	_	Signature	e:	
Don C. Markham	5			
Nar Nar	me			
16031 Comer Lake Dr				
Florida street	address (P.O. Box NOT acceptable)			
Orlando, FL 32820	FL.	·		
City, Stat	te, and Zip			
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capas statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I an egistered agent as provided for in C	e appointm the provisi n familiar v	vient as ions of a vith and , F.S	all
		•	05 M/R 25	Frm.
(CONT	INUED)		25	·

Page 1 of 2

## 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:
MGRM	Don C. Markham
	16031 Corner Lake Dr
	Orlando, FL 32820
MGRM	Jin Yun Huang
	16031 Comer Lake Dr
	Orlando, FL 32820
	-
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	When I
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated l	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
Don C. Markham	
	ped or printed name of signee

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)