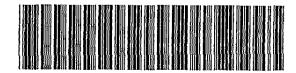
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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration Se Division of Co.				
SUBJECT:	Paula Baxley, LLC (Name of Limite	d Liability Com	nany)	
	(Name of Limite	u Liabinty Com	pany)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for fili	ng.	
Please return all corresp	ondence concerning this matte	er to the following	ng:	
	Paula Baxley			
	(î	Name of Person)		
	(Firm/Company)		
	0004.0 #1.0			
	3901 South Ocean Drive,			
		(Address)		
	Hollywood, Florida 33019)		
	(City/	State and Zip Co	de)	
For further information	concerning this matter, please	call:		
	,,			
Paula Baxley	CD.	at (954	775-5957	lephone Number)
(Name	of Person)	(Area Co	ode & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:			2005
□ \$125.00 Filing Fee		S155.00 Certified Co (additional cop		S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	ET ADDRESS: tration Section on of Corporations Gaines Street		MAILING A Registration S Division of Co P.O. Box 6327	ection Grid 2

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co.	mpany is:
Paula Baxley, LLC	
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3901 South Ocean Drive	3901 South Ocean Drive
Unit 6H	Unit 6H
Hollywood, Florida 33019	Hollywood, Florida 33019
The name and the Florida street addre	ula Baxley
	Name
390	1 South Ocean Drive, Unit 6H
Flori	da street address (P.O. Box NOT acceptable)
Ho	llywood, _{FL} 33019
	City, State, and Zip
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position.	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and sion 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:

Title: "MGR" = Manag "MGRM" = Manag		Name and Address:		
MGR		Paula Baxley		
WOIL	 ·	3901 South Ocean Drive, Unit 6H		
		Hollywood, FL 33019		
MGRM		Gary Baxley		
		3901 South Ocean Drive		
		Hollywood, FL 33019		
	<u> </u>	·	:	
	 ∓	<u> </u>	<u> </u>	
(Use attachment i	f necessary)			
NOTE: An addi	tional article must be :	added if an effective date is reques	sted.	
REQUIRED SIG				
		Saxley		
		an authorized representative of a memb	er.	
	(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjunate true.)	ı ıry ≕ ⊏	
	Paula	Baxley	AL SE	
	Typed	BAXICY or printed name of signee	APR APR	1
Filing Fees:			ASSE ASSE	
	ee for Articles of Organiza	tion and Designation	TO P	
	stered Agent d Copy (Optional)			
	ate of Status (Optional)		是 华	