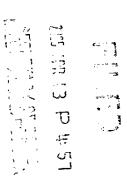
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(Re	questor's	Name)	
(Ad	(dress)	<u> </u>	
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certified Copies	<u> </u>	<u>.</u>	of Status
Special Instructions to	Filing Off	icer:	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A-1 ENTOPPISES	hhC		
(Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are sul	omitted for filing.		
Please return all correspondence concerning this matter to the following:			
Robert Gleni	ame of Person)		
A-1 Enter Prises LLC	irm/Company)		
12529 Greenbri	(Address)		
FOUNTAIN FL 3	30438 (tate and Zip Code)		
For further information concerning this matter, please ca	all:		
Robert Glenn (Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sqrt{9}\$\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section	MAILING ADDRESS: A S		
Division of Corporations	Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

ENTERPRISES LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:

**Mailing Address:** 

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert Glenn Name

12529 Green brian Dr
Florida street address (P.O. Box NOT acceptable)

Fountain FL 32438

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)

Page 1 of 2

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGr"	Robert Glenn 12529 Green Driar Dr. FOUNTAIN, FL 32348
'MGrM"	Robert GLENN III. SAME AS Above
'MGrM"	Barry Carroll
	SAME AS Above
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
of this document constitute that the facts stated here	
Robert	Glenn Brand of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	