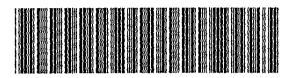
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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Si	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	}

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APR 26 PH 1: 3:

T. Brumbley APR 2 9 2005

TRANSMITTAL LETTER

	tration Se on of Cor	ction porations			
SUBJECT: _		860 CH	ENEY, LLC		
		(Name of Limite	d Liability Company)		
The enclosed A	Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return a	ll corresp	ondence concerning this matte	er to the following:		
_			Alan Russell		
		(Name of Person)		
			CSS Nevada		
		(Firm/Company)		
		4535 W.	Sahara Ave., Ste. 204		
			(Address)		
		Las ∨	egas, NV 89102	SECO	05 AF
		(City	/State and Zip Code)	AllAss	₽ 2 2 8 6
For further info	ormation	concerning this matter, please	call:	SEE, FE	05 APR 26 PM 1: 37
Alan Russell	01	of Person)	at (702) 933-4030 (Area Code & Daytime	O SP	1: 37
	(Name	or rerson)	(Alea Code & Daytine	Telephone Number)	
Enclosed is a	check fo	r the following amount:			
☐ \$125.00 Fil	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy (additional copy is enc	is &
	Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street	Registration Division of P.O. Box 62	Corporations 327	
	Tallah	assee, Florida 32399	Tallahassee	, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	' is:
860 CHENEY, LLC	
OOS CHENET, ELO	
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
The maning address and street address of the	o principal office of the Elimica Elability Company is.
Principal Office Address:	Mailing Address:
4129 Chastain Drive	4129 Chastain Drive
Melbourne, FL 32940	
Melbourne, FL 32940	Melbourne, FL 32940
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
THE TOTAL AND AND THE PARTY AND AND THE PARTY AND AND THE PARTY AND THE	
The name and the Florida street address of the	he registered agent are: SEURLIANSEL A Company M Ime
	A PR T
	& Company A A T
Na	R 26 PM R 26 PM R 26 PM
4129 Ch	astain Drive
	t address (P.O. Box NOT acceptable)
	me, FL 32940
City, Sta	ate, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited
• •	in this certificate, I hereby accept the appointment as
	acity. I further agree to comply with the provisions of all
	e performance of my duties, and I am familiar with and
~	registered agent as provided for in Chapter 608, F.S

(CONTINUED)

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>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:		
MGRM	Flax Bush Investments, LP		
	4535 W. Sahara Ave., Ste. 204	-	
	Las Vegas, NV 89102	-	
		.	
		-	
		-	
		-	
		_	
		-	
(Use attachment if necessary)	SEC	52	
NOTE: An additional article must be	added if an effective date is requested.	PR 2	Ŧ
REQUIRED SIGNATURE	SSEE, FLORII	05 APR 26 PH 1: 3	
Signature of a member of	r an authorized representative of a member.		
	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)		
	Alan Russell		
Typed	for 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)