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(Requestor's Name)
(Address)
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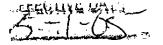


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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	• •	
SUBJECT: Small Government (Name of Limited	Systems LLC Liability Company)	. <u> </u>
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Megan Evans	iame of Person)	-
Small Government Su	stems LLC Im/Company)	
33018 Lake Bend	Circle (Address)	
Leesburg, Florida	34788 State and Zip Code)	·
For further information concerning this matter, please c	all:	
Megan Evans (Name of Person)	at (352) <u>728-55</u> (Area Code & Daytime Tel	ephone Number Nu
Enclosed is a check for the following amount:		SEE PR
□ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CTDFFT ADDDFSS.	MAILING AT	nndess.

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Registration Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Small Government Systems, LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Mailin	ng Address:
33018 Lake Bend Circle Leo.sburg.1Fl 34788	33018 Lake Berd Circle
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered Megan Fans	l agent are:
33018 Lake Bend Circ Florida street address (P.O	Box NOT acceptable)
Loosburg FL City, State, and Zip	34788
Having been named as registered agent and to accept so liability company at the place designated in this certification registered agent and agree to act in this capacity. I fur all statutes relating to the proper and complete perform and accept the obligations of my position as registered	ficate, I hereby accept the appointment as ther agree to comply with the provisions of mance of my duties, and I am familiar with
Mogan Grang Registered Agent's Signatur	APR 29 CANASSE
(CONTINUED)	EG P
Page 1 of 2	在 是 少

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

Title: "MGR" = Manager "MGRM" = Managing	Member	Name and Address:
MGR	-	Megan Evans 33818 Lake Bend Circle Leesburg, FL 34788
MGRM		Tay Fians 33818 Lake Bend Circle Lee Sburg, FL 34788
(Use attachment if nec	• •	
NOTE: An additional REQUIRED SIGNAT		idded if an effective date is requested
Signa	Megan nture of a member or	an authorized representative of a member.
of thi		608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
	Megan	Evans

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)

.: . Attachment to page a of Articles of Organization for Florida LLC

Article V. Effective Date of LLC: 5/1/05

Required Signature:

Megan Wans Signature of member

Maran Evans Printed Name