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PICK-UP WAIT MAIL	
(Business Entity Name)	<del></del>
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Bruce McKibben Requester's Name  1435 Piedmont Dr. E Suite Address  Tallahassee FL 99  City/State/Zip 32308 Phone #				Star of the Star o
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Acquisition Company I, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  (Name of Person)
R. Bruce McKibben P.A. (Firm/Company)
1435 Predmont Dr. E Suite 214 (Address)
Tallchassee FL 32308 (City/State and Zip Code)
For further information concerning this matter, please call:
Rruce McKibben at (850) 942-8585 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee S2 S130.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Florida Acquisition Company I, 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:
555 W. Granada Blud. Suite A-3
Ormand Beach, FL 32174
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:
R. Bruce McKibben  Name  Reg 3
Name  1435 Predmont Dr E, Suite 214  Florida street address (P.O. Box NOT acceptable)  R. ISruce Mickibben  Name  1435 Predmont Dr E, Suite 214  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)  Tallahassee FL 32308  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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	J. Steven Garthe 555 W. Granda Blud. Suite A- Drmond Beach FL 32174
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R. Bruce McKibben Jr. Esq.

Typed 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)