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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Proper Ediquet (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:	
Shava Bell (Name of Person)	
(Name of Person)	
Proper EDiquet (Firm/Company)	
(Firm/Company)	
P.O. Box 2801 (Address) FL 32316	2504
(Address)	E.
Tallahassee, FL 32316 ST. City/State and Zip Code)	**
For further information concerning this matter, please call:	
Tahrie Anderson at (850) 321-7253 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\sigma\$ \$125.00 Filing Fee \text{ Certificate of Status } \sigma\$ \$\sigma\$ \$155.00 Filing Fee \text{ Certified Copy (additional copy is enclosed)} \sigma\$ \$\sigma\$ \$160.00 Filing Fee, \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}	
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Proper EDiquet, LLC	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1903 Dausty Apt *2 Tallanasse, FL 32303 ARTICLE III - Registered Agent, Registered	P.O. Box 2861 Tallahassee, FL 32316 Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Show Bell Name 1903 Dawsel Florida street addr	ess (P.O. Box NOT acceptable)
blahasse R.	FL 32303

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..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGR" = Manager	Name and Address:
"MGRM" = Managing Member Manager	Tahrie Anderson 1148 W 36th 2t Riviera Bah JEL 33404
·;··································	
	AHAX 2.7 P
(Use attachment if necessary)	FLOR
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
to the	
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)

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)