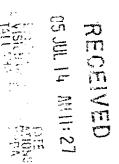
## L050000 69322

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
- (Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Office Use Only	



200055559722

07/14/05--01043--015 \*\*250.00





## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Best Price Lac	ALCOUNTY TO THE PARTY OF CORDINATE OF CORDIN
	Art of Inc. File  LTD Partnership File  Foreign Corp. File
· · · · · · · · · · · · · · · · · · ·	L.C. File
	Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement
	Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status
	Certificate of Fictitious Name  Corp Record Search  Officer Search
Signature	Fictitious Search  Fictitious Owner Search  Vehicle Search  Driving Record
Requested by:  Name  Date  Time  Walk-In Will Pick Up	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval
174 Panders Printing - Thomasvilla, GA 8/00	Courier

,	
ARTICLES OF ORGANIZATION FOR FI	
The name of the Limited Liability Company is:  ARTICLE II - Address:   8456 N.E. of the print is address of the print is a street address of the print is a street address of the print is a street address.	2 A AV MIAMI FL 33179 Company is:
Principal Office Address:	Mailing Address:
18456 N.E. 2N AV	13456 N.E. 2N AV
MIAMI, EL 33179	MIAMI , FL 33179
ARTICLE III - Registered Agent, Registered (	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg    DVIR DER    Name   99   N.W. 183 ml	<del>YY</del>
Florida street address (P.O.)  // I / MI / City, State, and	Box NOT acceptable)
liability company at the place designated in this ce	I further agree to comply with the provisions of all rmance of my duties, and I am familiar with and
Registered Agent's	Signature
	-
	,
(CONTINUI	EDI

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" - Managing Member SASSY SHMUEL (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Stanutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) SASSY SHMI Typed or printed name of signee Filing Fees; \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

5 36.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)