P050000 70279

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(
	a ton a serie sent		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Br	ısiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



500057400015

07/18/05--01072--001 **1395.00

05 JUL 18 PM 3: 29

ARLHUR GAV Requester's Name 1423 No. BRONOUGH Address TOUMHASSEE, FL. 3230: City/State/Zip Phone #.	5± 386-8625		
		Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S),	(if known):	
1. (Corporation Name)	(Document #)	05 JUL 18 PM 3: 2	SECRETAR TALLAHASS
2. (Corporation Name)	(Document #)	P	E OF
3. (Corporation Name)	(Document #)	ين 2	STATE
4. (Corporation Name)	(Document #)		
☐ Walk in ☐ Pick up time _		☐ Certified Copy	
☐ Mail out ☐ Will wait		Certificate of Statu	s
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of Change of Reg Dissolution/Wi Merger		
OTHER FILINGS	REGISTRATION	QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	rship	

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Thirty Eight) Exchange Accomodators, 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:
1423 N. Bronough St.	Same
Janunassee, 13 32303	
ARTICLE III - Registered Agent, Registered O	ffice, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

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)

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

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

Title: "MGR" = Manager	Name and Address:	
×"MGRM" = Managing Member MGRM	Arthur C. Gay 1423 N. Bronough St. Tallahoesee, Fl. 32303	- -
<u> </u>		-
	05 	-
•		- -
	3	2
		500
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member	er or an authorized representative of a member.	
(In accordance with se of this document const that the facts stated he	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury	

Filing Fees:

Filing Fees: \$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)