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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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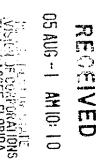
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Clant Wason Name of Li	imited Liability Company)	···	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
JoHn Claysu Wagner III (Name of Jerson)		÷*	
Cliny Cogons (Firm/Company)			OS SE
1000 Apolachu pley		, .	05 AUG - 1 AM 10: 19 SELTAHASSEE, FLORID
fall. Fl. 32311 (City/State and Zip Code)			MIO: 19 OF STAID
For further information concerning this matter, please	se call:		7
(Name of Person)	at (<u>\$50</u>) <u>574 9469</u> (Area Code & Daytime Telephone Num	ber)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	 T T	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10 800 Apalacha pky

Hall, Fl. 72 311

Tall, Fl. 32 34

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name

10 800 Apulacha phy

Florida street address (P.O. Box NOT acceptable)

Tallahassac FL 32311

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.

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Jata C. Wagon Fte	<u>. </u>	
	10800 Apalache phy tullahassee F1 3234		-
<u> </u>		_	
(Use attechment if nacessary)		<u> </u>	
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:		7,	
Signature of a member	or an authorized representative of a member.	OS AUG SEUNE IS	77
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	SSEE FO	in in
John C. Was	non vett signee	D: 1.9	J

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)