L05000076669

(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:





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WISION CARRESTINATE

\	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALK IN
	PICK UP: 8/405 Monde
	CERTIFIED COPY
	РНОТОСОРУ
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	FILING LCC
	(COMPORATE NAME AND DOCUMENT #)
-	(CORPORATE NAME AND DOCUMENT #)
-	(CORPORATE NAME AND DOCUMENT #)
-	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•				8 A
		LES OF ORGA FOR IMITED LIABII	NIZATION LITY COMPANY	ACCULANCE TO SHE
ARTICLE 1 - Na The name of the L	me: .imited Liability Co	ompany is:		Alle
Lake Wales Florida	, шс			
ARTICLE II - A The mailing addre		ess of the principal	l office of the Limited Liability	y Company is:
Principal Office	Address;		Mailing Address:	
3531 North Scenic	Hwy		750 2nd Street NE, Suite 125	
Lako Weles, FL 33	853		Hopkina, MN 55343	
	Registered Agent, Florida street add		e, & Registered Agent's Signed agent are:	nature:
	NRAI Services, In	ıc.		
		Name		
	1444	Perk Drive, Suite 4 ox address (P.O. Box)	NOT acceptable)	
	Weston	City. State, and Zip	PLORIDA 33331	

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, Florida Statutes..

Registered Agent's Signature

NRA! Services, Inc

By:

Page 1 of 2 (CONTINUED)

<u>[itle:</u> MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	Enolipse Holdings Inc.
	750 2nd Street NE, Suite 126
	Hopkins, MN 55343

(Use attachment if necessary)	
DECUMBED SIGNATURE	must be added if an effective date is reques
NOTE: An additional article: REQUIRED SIGNATURE:	must be added if an effective date is request When continues the continue of a member.
NOTE: An additional article: REQUIRED SIGNATURE: Signature of a member (In accordance with secondance)	er or an authorized representative of a member- ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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