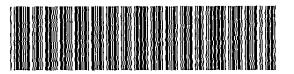
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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DIVISION OF CONTURATION

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Vincent J Treltas LLC (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:		
Vincent J. Treltas (Name of Person)		
(Firm/Company)		
127 TICKIE Ridge Cir- (Address)		
Crawfordville FL 32327 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Vincent J. Treltes at (850) 210 4317 - or 926 7203 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\Boxed{\sigma}\$130.00 Filing Fee & \$\Boxed{\sigma}\$		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Vincent J.	Treltas 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:	
127 TICKIE Ridge Cir. Crawford Ville FC. 32327	Same	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
Crawford/ale City, State, an	Ridge Cir Tess (P.O. Box NOT acceptable) FL 32327 The August State of the State of	
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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 thember. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Vincent J. Trettae
Typed or printed name of signee

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)

D5 AUG-5 AM 9:35