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W05-33969

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: U-TURN INVESTMENTS "LLC" (Name of Limited Liability Company)	-
	c) -3
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	至。
JANGS A LONG (Name of Person)	AUG 15 PM 4: 09
U-TURU INVESTMENTS "LLC" (Firm/Company)	LORIDA LORIDA
(Finite Company)	
P.O. BOX 641 KATHLEEN, FL 33849  (Address)	<b>ર</b>
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LYNDA M LONG at (863) 255 7887 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$160.00 Filing Certified Copy (additional copy is enclosed)	us &

#### 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



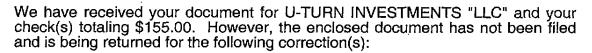
#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 15, 2005

JAMES A. LONG U-TURN INVESTMENTS "LLC" P.O. BOX 641 KATHLEEN, FL 33849

SUBJECT: U-TURN INVESTMENTS "LLC"

Ref. Number: W05000033969



Please complete the attached form, and make sure the document is signed.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 105A00046771

Joey Bryan Document Specialist POR ME 15 PH W 09
FILE LORD PROPERTY OF CORP PLONG TIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

U-TURN INVESTMENTS "LLC"
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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
P.O. BOX 641	P.O. BOX 641	
KATHLEEN, FL	KATHLEED, FL	
33849	33849	

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

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

Name

Name

8134 BRISTOL BAY

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

LAVBIAND FL 33810

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2005 AUG 15 PR
MGR	JAMES A LONG 8134 BRISTOL BAY LAKELAD, FL 33810	SEE, FLOREDA SEE, FLOREDA A
MGRM	LYNDA M LONG 8134 BROTOL BAY LAKELAND, FL 33810	AY
		<u></u>
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)