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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Experience, LL((Name of Limited Liability Company) SUBJECT: no

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

unying hao (Name of Person)

(Firm/Company)

(Address)

arkland 3306 (City/State and Zip Code)

For further information concerning this matter, please call:



0

□ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

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

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:
6282 NW 78 th Dr.	6282 NW 78th Dr.
Parkland, FL 33067	Parkland, FL 33067

ARTICLE III - Registered Agent, Registered Office, & 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 N registered agent and agree to act in this capacity. I further agree to comply with the proversions 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

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

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. .

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	Xunying Zhao	
MGRM	6282 NW 78 th Dr. Parkland, FL 33067	
MGRM	Wei Ma 4918 N. Diversey Bivd Whitefish Bay, WI 53217	
		-
(Use attachment if necessary)		
NOTE: An additional article must be :	added if an effective date is requested.	
REQUIRED SIGNATURE:	HELATY OF FILED	

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

PH 12: 30

2. 27.7.44.5.5

(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.)

Xunying Zhao 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 5.00 Certificate of Status (Optional)

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