

L05000086810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

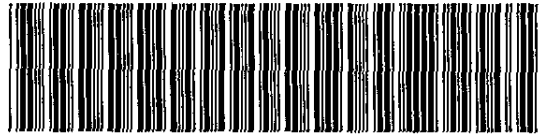
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nyecor, LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

9/1/05

9:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:
NYECOR, L.L.C.

ARTICLE II ADDRESS

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

Principal Office Address:
6154 FORT KING ROAD
ZEPHYRHILLS, FL 33542

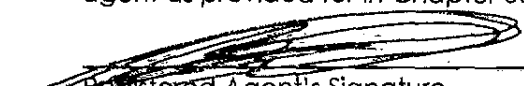
Mailing Address:
6154 FORT KING ROAD
ZEPHYRHILLS, FL 33542

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

MICHAEL PAUL CORREIA 6154 FORT KING ROAD, ZEPHYRHILLS, FL 33542

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.

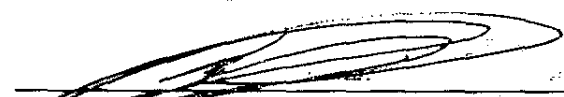

Registered Agent's Signature

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

Title:	Name & Address:
MGMR	MICHAEL PAUL CORREIA, 6154 FORT KING ROAD, ZEPHYRHILLS, FL 33542

REQUIRED SIGNATURE


Signature of member or authorized representative of member

(In accordance with §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.)

MICHAEL PAUL CORREIA

Typed or printed name of signee