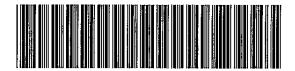
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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CAPITAL CONNECTION, INC.

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

LR Mage Sid			PARTIES TO PARTIES TO PROPERTY.
			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File
			Trade/Service Mark Merger File Art. of Amend. File RA Resignation
			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
Signature Requested by:	9 20/05 11:0	νη	Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search
Name Walk-In	Date Time Will Pick Up		UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FI	ed Company" or their abbreviation "LLC," or "L.C.,") rincipal office of the Limited Liability Company is Mailing Address:			
The name of the Limited Liability Company is:	, And			
The name of the Emmed Claumity Company is.	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	96 6 6 4			
L.R. Mage, LLC				
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
rimeipai Office Audress:	Maning Address:			
1805 Siesta Drive	1805 Siesta Drive			
Sarasota, FL 34239-6010	Sarasota, FL 34239-6010			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another			
Ruth Rubinstein				
Name				
2.44				
1805 Siesta Drive				
Florida street address (P.O. Box NOT acceptable)				
Sarasota, FL 34239-6010	FL.			
City, State, and Zip				
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>required</u> signature:

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

that the facts stated herein are true.)

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)