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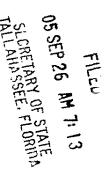
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. Strivers SEP 30 MITS.

COVER LETTER

TO: Registration Ser Division of Cor				
SUBJECT: Do	OBLE D	d Liability Company)	LLC	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
\mathcal{D}_{a}	ARREN EN	GELBERGE	R	
	(1	Name of Person)		•
		Firm/Company)		
35	6 LISET	TE (7.		
7		(Address)		
FO1	2/ WACLON	State and Zip Code)	32541	
	(City)	route and zap codey		
For further information of	concerning this matter, please	call;		
DARREN E	NGFLBERGER	at (850) 243-	-6830	
(Name	of Person)	(Area Code & Daytime Tele	ephone Number)	
Enclosed is a check for	r the following amount:		TAL:	05
\$125.00 Filing Fee	\$130.00 Filing Fee &		\$160.00 Filing Fee.	05 SEP 26 AM
	Certificate of Status	Certified Copy (additional copy is enclosed)	Cortificate of Status & Certified Copy	7,8Y
			(additional copy is enclosed)	9 3
	Mailing Address Registration Section	Street/Courier Address Registration Section	, ORII	: -3
	Division of Corporations	Division of Corporations	5	>
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	Circle	
		Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I - Name:
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The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
356 LISETTE CT. FT. WALTON BEACH, FL 32547	356 LISETTE CT. FT. WACTON BEACH, FL 32547

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PARREN ENGE CBERGER

Name

356 LISETTE CT.

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

FT. WALTON BCH. FL 32547

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	DARREN ENGELBERGER 356 LISETTE CT. FT WALTON BEACH, FL 32547
MGRM	JOHN DALY 212 WEST 700 SOUTH SACT LAKE CITY, UT 84101
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	ne date of filing: 9/22/05. (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.
(In accordance with so of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution istitutes an affirmation under the penalties of perjury

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)