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J. Shivers SEP 30 2005

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WORTHMANN MAIL CENTERS, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ERIK WILLIAM WORTHHANN (Name of Person)	
(Firm/Company)	
12128 NW 74th Terr. (Address)	· –
Alachua, FL 32615 (City/State and Zip Code)	
For further information concerning this matter, please call;	
Erik Worthmann at (352) 226-0246 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \be	ī
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32301) 3 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
WORTHMANN MAIL CENTE (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 print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12128 NW 74th Terr Alachua, FL 326015	630 Turkey Creek Alachua, FL 32615
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
ERIL WORTHM Name	ANN ANN
Name	
12128 NW 74th	Terr ess (P.O. Box NOT acceptable)
	ess (r.o. box nor acceptable)
City, State, an	FL 8: 27
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED 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

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)

Jorthmann