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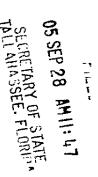
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Richard J. Testa, 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:
Richard J. Testa
(Name of Person)
Richard J. Testa, LLC
(Firm/Company)
3412 Bridgefield Dr.
(Address)
Lakeland, FL 33803
(City/State and Zip Code)
For further information concerning this matter, please call:
Richard J. Testa at (863 ) 619-7746
(Name of Person) (Area Code & Daytima Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, \bigcup \

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

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SLURITARY OF STATE
TALL AHASSEE, FLORITA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Richard J. Testa, LLC (Must end with the words "Limited Liability Company, "Limite	nd Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3412 Bridgefield Dr.	3412 Bridgefield Dr.
Lakeland, Fl. 33803	Lakeland, Fl. 33803
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re  Sandra Testa  Name	ered Agent. You must designate an individual or another
3412 Bridgefield Dr.	SLOR SLOR
Florida street add	tress (P.O. Box NOT acceptable)
Lakeland, Fl. 33803	FL SE
City, State, a	and Zip
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	tress (P.O. Box NOT acceptable)  FL and Zip  accept service of process for the above stated limited in this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all arriformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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:

(Use attachment if necessary)  (Use attachment if necessary)	Title: "MGR" = Manager "MGRM" = Managin	; Member	Name and Address:	
CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five he 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	MGR		3412 Bridgefield Dr.	
CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five he 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				Newson Spiritual and Spiritual
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(In accordance with section 698.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury		Mohand	Or an authorized representative of a member.	SLURFTAL TALL AHA
that the facts stated herein are true.)	(In of i	ccordance with section is document constitute	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	TARY OF STATE

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)

Typed or printed name of signee