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(Req	iuestor's Name)	
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COVER LETTER

TO: Registration Sec Division of Cor		-
SUBJECT:	ED PERRIN, LL (Name of Limited Liability Company)	<u>C</u>
The enclosed Articles of	Organization and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
EDW	ARD L. PERRIN (Name of Person)	AF CT
	(Firm/Company)	ASSEE.
11601	473 St. N. # (Address)	
St. (Petoroburg FL (Address) Petoroburg FL (City/State and Zip Code)	33716
	City/State and Zip Code)	
For further information c	oncerning this matter, please call:	
ED PERG	at (727) of Person) (Area Code	224-09:7 & Daytime Telephone Number)
Enclosed is a check for	the following amount:	
□ \$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filed Copy (additional copy is	
	Registration Section Registration Division of Corporations Division of P.O. Box 6327 Clifton Bu Tallahassee, FL 32314 2661 Execution	f Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Ay S
The name of the Limited Liability Company is:	
ED PERRIN , LU	ed Company" or their abbreviation "LLC," or "L.C.,"
(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 p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11601 4th St. N#2609	
St. Petersburg, FL 33710	
J .	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	
ED PERRI	
Name 11601 42 St	t. N #2609
Florida street ad	dress (P.O. Box NOT acceptable)
St. Peters b.	war 33716
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of te performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

WGRM

| WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM | WGRM |

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:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)