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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: The	Name of Limited	d Liability Company)	SN L.L.C.
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
(\mathcal{O})	RC D U	r to the following:	
_ lhe	<u> Kainmake</u>	r's DANECT	ion L.L.C.
2319	Bethune	(Address)	
Jackso	inville Flor	idA 32207 State and Zip Code)	
For further information of		call: at (904) 783- (Area Code & Daytime Te	9339 lephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: 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: ASI 9 Bethune Ave. JACKSONVILLE, Florida 32207
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Company cannot serve as its own Registered Agent. You must designate an individual designate and individual designate
The name and the Florida street address of the registered agent are: Arci Property Property

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..

Man Os

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
WCB	Marci DeJulio
	JACKSONVILLE, FL 32210
MGRM	2319 Bethouse Ave.
	HOX, F. 3990
	\
	- V

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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Marci Desulto
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)

SECRETARIA PORIDA

ALLAHASSEE FI ORIDA

APTRIORED ENDOGED