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SECRETARY OF STAT

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Art of Inc. File
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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(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:

Prin	cipal	Office .	Address:

Mailing Address:

5110 S. RIDGEWOOD AVE., STE D

PORT ORANGE, FL 32127

5110 S. RIDGEWOOD AVE., STE D PORT ORANGE, FL 32127

SOMPANY, C

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:

DENISE L. UPHAM

Name

338 PARQUE DR., STE G

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

ORMOND BEACH

FL 32174

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:

MGRM	IRA WENDORF 5110 S. RIDGEWOOD AVE., STE D
	PORT ORANGE, FL 32127
MGRM	ALAN WEININGER
	5110 S. RIDGEWOOD AVE., STE D
	PORT ORANGE, FL 32127
	,
	·
Use attachment if necessary)	
	ne date of filing: (OPTIONA

REQUIRED SIGNATURE:

Signature of a member of 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.)

DENISE L. UPHAM

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)