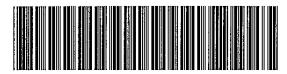
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration So Division of Co						
SUBJECT: SoldB		d Liability Compa	ny)			
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	;.			
Please return all corresp	ondence concerning this matte	er to the following	:			
Brian L. F	- ossa			_		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	(Name of Person)				
SoldByFo	ssa, L.L.C.					
	((Firm/Company)	-,,,,		200 Y	ع ح
3360 S.	Atlantic Ave. #40)4			2005 NOV 23 PH 2:	DIVISION OF CORPORATIONS
		(Address)			23	구: :::::::::::::::::::::::::::::::::::
Cocoa B	each, FL 32931				-2	200
	*** *** * ***** ***********************	/State and Zip Code)		<u> </u>	RATI
For further information	concerning this matter, please	call:			8	9X
Brian L. Fossa	l	at (321	783-17	08		
(Name	of Person)	(Area Code		elephone Number)	•	•
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Fit Certified Copy (additional copy is		\$160.00 Filing Certificate of State Certified Copy (additional copy is end	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	urier Addresson Section of Corporatio uilding cutive Center ee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SoldByFossa, L.L.C.	
(Must end with the words "Limited Liability Company, "Limited	ad Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3360 S. Atlantic Ave. #404	3360 S. Atlantic Ave. #404
Cocoa Beach, FL 32931	Cocoa Beach, FL 32931
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 registration.	tered Agent. You must designate an individual or another
Brian L. Fossa	NE ST
Name	
3360 S. Atlantic Ave. #	
Florida street add	iress (P.O. Box NOT acceptable)
Cocoa Beach	FL 32931
City, State, a	and Zip
Having heen named as registered agent and to	accept service of process for the above stated limited

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	Brian L. Fossa
ATT - TO THE STATE OF THE STATE	3360 S. Atlantic Ave. #404
	Cocoa Beach, FL 32931
MGRM	Dawn J. Fossa
	3360 S. Atlantic Ave. #404
	Cocoa Beach, FL 32931
	200
	28
	23
(Use attachment if necessary)	
LF V. Effective date if other than	the date of filing: 11/21/05 . (OPTION
	st be specific and cannot be more than five business da
days after the date of filing.)	

(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.)

Brian L.Fossa

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)