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SECRETARY OF STATE DIVISION OF CORPORATIONS



TRANSMITTAL LETTER

TO:	Registration Sec Division of Corp		:					
	I	HOSS,	LLC					
SUBJE	СТ:		(Name of Limit	ed Liability Com	ipany)	····	_	
The end	closed Articles of	Organiza	ation and fee(s) are	submitted for fill	ing.			
Please i	return all correspo	ondence c	concerning this mat	ter to the followi	ng:			
			EARL HO	STETLER				
				(Name of Person)				
				(Firm/Company)				
							~, c	כ
			156 Mar	ine Avenu	ıe		2005	38C
				(Address)			OV S	12.ETA
			Taverni	er, FL	33070		0 2	
			(Cit	y/State and Zip Co	ode)	-	2005 NOV 30 AM 11: 20	SECRETAKY OF STATE
For fur	ther information o	oncernin	ng this matter, pleas	e call:			20	-51
Ea	arl Hostetl	ler		239	410-6	5142		
	(Name	of Person)		ode & Daytime Te	elephone Number)		
Enclos	sed is a check fo	r the fol	lowing amount:					
⊼k \$125	5.00 Filing Fee		60.00 Filing Fee & icate of Status	Certified C	Filing Fee & opy py is enclosed)	\$160.00 Fil Certificate of S Certified Copy (additional copy i	Status & y	
	Regist Divisio	ET ADD ration Se on of Cor Gaines S	ection rporations		MAILING A Registration S Division of Co P.O. Box 632	ection orporations		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	any is:
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
156 Marine Avenue	156 Marine Avenue
Tavernier, FL 33070	Tavernier, FL 33070
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
The name and the Florida street address of Earl Hos	
	Name &

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.

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

Pagistered Agent's Signature

156 Marine Avenue

City, State, and Zip

Tavernier

(CONTINUED)

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

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

MGRM	Earl Hostetler	
	156 Marine Avenue	
	Tavernier, FL 33070	
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Ise attachment if necessary)		20
Jse attachment if necessary)		

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.)

Earl Hostetler

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)