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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	CCT: JOHN L. KOENIG (Name of Limited Liability Company)			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
Please 1	return all correspondence concerning this matter to the following:			
	JOHN L. KOENIG (Name of Person)			
-	(Firm/Company)	2005		
-	108 N. BAY STREET # 207	2005 DEC 3 AM 7: 44		
EUSTIS, FL. 32726				
For further information concerning this matter, please call:				
J.	OHN KOENIG at 352 638-2745 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$\sum{1}\$\$ \$125.00 Filing Fee \$\sum{1}\$\$ \$130.00 Filing Fee & \$\sum{1}\$\$ \$155.00 Filing Fee & \$\sum{1}\$\$ \$160.00 Filing Fee,				
<u> </u>	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)	&		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOHN L. KOENIG L. L. C. (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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

rrincipal Office Address:	<u>wraming Address:</u>
108 N. BAY ST. #207 EUSTIS, FL. 32726	JOHN L. KOENIG 108 N. BAY ST. #207 EUSTIS, FL. 32726
	Lov (19/17-0

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: JOHN L. KOENIG

108 N. BAY STREET #207
Florida street address (P.O. Box NOT acceptable) EUSTIS, FL 32726
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..

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _____ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)