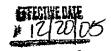
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(Requestor's Name)				
(Address)				
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(2) (2) (2)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
(X) 12/27				
Special Instructions to Filing Officer				

Office Use Only



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SECREDA IT CE STATE
TALLAHASSEE, FLORIDA

DEC 22 FM 391



COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ест: <u>/АК/</u>	7 102 LLC (Name of Limite	d Liability Company)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	FLONA	Houghton			
			Name of Person)		
	(Firm/Company)				
	2825	HARRIS AVI	(Address)		
	1/6V	CCT C. 32	4	_	
	KKI W	EST, FL 33	O4O /State and Zip Code)		
			•		
For fur	ther information	concerning this matter, please	call:		
Fu	onr Ho	DUSHTON	at (305) 296 (Area Code & Daytime T	4477	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclos	sed is a check fo	r the following amount:			
[] \$125	5.00 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 Corporatio Clifton Building 2661 Executive Center	ns – Circle	

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 of their aboreviation "LLC.,")				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2825 HARRIS AVE KEY WEST	2825 HARRIS AVE KRY WEST FL 33040			
KRY WEST	KRY WEST			
FL 33040	FL 33040			
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reference Florida Hought	gistered agent are:			
Name				
2825 HARRI Florida street addr KKY WEST City, State, ar	S AVE ess (P.O. Box NOT acceptable)			
VEV LIEST	- 330140			
City, State, ar	rd Zin			
City, State, at	ia Zip			
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
In h Ala	7 ∞ 6			

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:

<u>Title:</u> "MGR" = Manager	Name and Address:				
"MGRM" = Managing Member MGRM" = Managing Member	FIONA HOUGHTON 2825 HARRIS AVE KEY WEST, PL 33040				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 12.20.05					
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.)					
Filing Fees:	OS D SEC TALL				

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

\$ 5.00 Certificate of Status (Optional)