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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	_
Special Instructions to Filing Officer:	7
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SECRETARY OF STATE
ALLAHASSEF, FIORITA



COVER LETTER

TO: Registration Se Division of Co	ection rporations	•		
SUBJECT:		d Liability Company)	<u>(</u>	
	f Organization and fee(s) are so			
·	1 Jerome		-	·
	. (Firm/Company)		 .
1506	MECOSKI St.	(Address)		 ·
For further information	(City	cail:	SECRETAR	- R T =
	of Person) or the following amount:	at (<u>850</u>) <u>566 - 1</u> (Area Code & Daytime To	elephone Numbers 17 10: 28	
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose	&
	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 Tallahassee, FL 32301	ns	

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	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Signature: A wn Registered Agent. You must designate an individual or mother of the registered agent are:
SOG MEC Florida s Telkhiss City	itreet address (P.O. Box NOT acceptable) FL 52805 State, and Zip 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 (REOUIRED)

(CONTINUED)
Page1 of 2

ARTICLE IV- Manager(s) or Managing The name and address of each Manager or	g Member(s): Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR-Ernet J. Green 1506 MECESTI St. Tellehissee, FL 32305
	
	SE CRETAR SECRETAR MASS
(Use attachment if necessary)	F. F. S
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.)	of filing: HOPTIONAL). Scific and cannot be more than five Fusine Edays prior
REQUIRED SIGNATURE:	
Signature of a member or a	The same authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
Ernest Je Typed o	rome Green r printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: