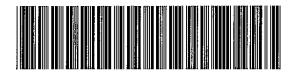
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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2006 JAN 20 PM 1: 38
SECRETARY OF STATE
SECRETARY OF STATE

DIVISION OF CORLORATION

COVER LETTER

	Corporations				
SUBJECT:	ouglas Sto	VSLich LLC d Liability Company)	_		
The enclosed Article	s of Organization and fcc(s) are s	submitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
Dou	glas Stay	Shich Name of Person)			
\circ	•	(Firm/Company)			
Pot	Sox 292	(Address)			
1 . 1					
Lloyd	_ ; ' ' '	/State and Zip Code)			
,	on concerning this matter, please	• ,			
For further informati	on concerning into matter, produce				
	me of Person)	at ()(Area Code & Daytime Telephone Number)	SECI TALL/	2006	
(Ne		at () (Area Code & Daytime Telephone Number)	SECRETAL TALLAHAS	<u> </u>	7
(Ne	me of Person) for the following amount:	at () (Area Code & Daytime Telephone Number) \$\begin{align*} \begin{align*} & \begin{align*} & \left* \left	tus &	<u> </u>	T

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	d Company" or their abbreviation "LLC," or "L.C.,")
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:
751 Reddick Lane	P.O. Box 292
Hoyd, F1 32337	1104d FT 32337
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Douglas Stoy	shich Flori
751 RedicK Florida street addr	ess (P.O. Box NOT acceptable)
_ Llayd FL City, State, and	R2337

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

The name and	address of each Manager	or Managing Member is as follows:			
<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:			
Mgrm		Donalas Stoyshich Po Box 2921 Lloyd, FI 3233	7		
				-	
<u>-</u> .					
(Use attachme	nt if necessary)				
	listed, the date must be s	te of filing: (pecific and cannot be more than five bu			ior
REQUIRED S	SIGNATURE:		TALLAH	2006 J	
	Signature of a member of a mem	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	TARY OF STAT ASSEE, FLORI	AN 20 PM 1:	FILED
	Douglas Types	Stoushich or printed name of signee	ĐA DA	38	

Filing Fees:

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

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

\$ 5.00 Certificate of Status (Optional)