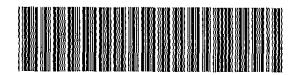
L0600016104

(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:

Office Use Only



200065142912

02/03/06--01055--027 **160.00

06 FEB -3 PM 12: 40
SECRETAINTERS TABLE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AGS of Liquida Tore Booker LLC (Name of Limited Liability Company)
(cyanic of Elimica Elabiaty Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Smitz (Name of Person)
(Name of Person)
Asset Liquidatory Broker LLC (Firm/Company)
3200 Shawnee Are Ste 4
U P B FL 33409-5076 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard Smitz at 56/ 627-111 Z d Fax (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Agget highertors B:	raker LLC
Must end with the words "Limited Liability Company, "Limited	l 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:
3200 Spance AVE Sto.	4 14/00 Paradise FT. Rol
Fh 33109 5070	Fh 3340 1142
ARTICLE III - Registered Agent, Registered (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 results	egistered agent are: Sm/ 1 PM 2 FILED FI
Having have named as recistored agent and to a	secont sorvice of moress for the above stated limited

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

"MGR" = Manager - "MGRM" = Managing Member	Name and Address:	
MGRA	Bichard Bon to 19100 Paradise Pr Falm Bench Garde FL 33410	T. RO 25.
÷ ù	·	
· · · · · · · · · · · · · · · · · · ·		
		
		·
(Use attachment if necessary)		
CLE V: Effective date, if other than the		
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:	OPTIONAL SINESS days SECKETAIN TALLAHASSI
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE:		SECRETARY SECRETARY
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated in the facts state	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury merein are true.)	SECRETARY SECRETARY TALLAHASSE
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated is that the facts stated is the facts stated is the facts stated in the facts stated is the facts stated in the facts stated is the facts stated in the facts sta	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated is the facts stated in the facts state	e specific and cannot be more than five but the specific and cannot be more than five but the specific and cannot be more than five but the specific and statutes of a member. Section 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury mercin are true.)	SECRETARY OF STATE TALLAHASSEE, FLORIDA

Page 2 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: