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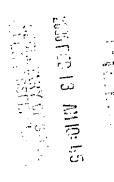
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Consideration to Ellin Office
Special Instructions to Filing Officer:

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## **COVER LETTER**

.TO: Registration S Division of Co	ection orporations		
SUBJECT: <u>F</u>	anchising (Name of Limite	15A LLC d Liability Company)	annin and in the same and the s
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
Han	K Knapp,	Name of Person)	
		(Firm/Company)	
7023	CR 46A	Suite 1071	, PMB 506
Lax	e Mary	FL 327 /State and Zip Code)	46
	City	Adate and Zip Code)	
For further information	concerning this matter, please	call:	
Hank K	napp e of Person)	at (407) 273 (Area Code & Daytime Te	- 4873 5 5 6
Enclosed is a check for	or the following amount:		lephone Number)
\$125.00 Filing Fee		\$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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Franchising US (Must end with the words "Limited Liability Gompany, "Limited	A LLC i Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
_	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7073 CR 46A Su, 1c 1071 PMB 506 Lake Mary FL, 32746  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Hank Kn Name 14149 Mast Florida street add Orlando City, State, as	Abod Way ess (P.O. Box NOT acceptable)  FL 328.32 ad Zip
77 / . I	and the state of t

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

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

The name and address of each Manager or Managing Member is as follows:

	= Manager	Name and Address:			
"MGRI	M" = Managing Member	Hank Knapp 7023 CR 46A Soite PMB 506 Lake Mary FL 3272	· 107	71	
				· .	
•	tachment if necessary)		SECULTURY SECULTURY	2006 FEB 13	e garinga e garinga e garinga
If an effective	Effective date, if other than the date is listed, the date must be ster the date of filing.)	ate of filing: ( specific and cannot be more than five bu	11123	NAL) days p	rior
REQU	(In accordance with secti	or for authorized representative of a member. on 608.408(3), Florida Statutes, the execution ties an affirmation under the penalties of perjury rein are true.			

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)