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COVER LETTER

TO: Registration Section Division of Corporatio	ns		
SUBJECT: WYN	do Wor (Name of Limite	d Liability Company)	
The enclosed Articles of Organi	zation and fee(s) are s	ubmitted for filing.	
Please return all correspondence	concerning this matte	er to the following:	
Cheste	<u> </u>	DWART Name of Person)	
			2006
	•	(Firm/Company)	五田 五
13519 S	WIZIA	ve	EB 23 PR
		(Address)	EF, F
(Firm/Company) 13519 SW121 Ave (Address) ARCher, FL 32618 (City/State and Zip Code)			
	(City	round and earp code)	Pit
For further information concern	ing this matter, please	call:	
Chester C. C. (Name of Perso	tracum)	at (352) 745. (Area Code & Daytime T	elephone Number)
Enclosed is a check for the fo	llowing amount:		
	30.00 Filing Fee & ficate 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)
Regis	ing Address stration Section tion of Corporations	Street/Courier Address Registration Section Division of Corporation	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	Mare File
(Must end with the words "Limited Liability Company, "Limited	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:
13519SW121AVe Archer,FL 32618	13519 Sw121 Que Archer, FL 32618
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: DWART D2/27/06
155 19 5W 121 Florida street addi	ess (P.O. Box NOT acceptable)
Alcher City, State, as	FL 32618
liability company at the place designated in the 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 its 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

(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: Title: "MGR" = Manager "MGRM" = Managing Member Chester C. Coulant 13719 Sw 121 Ave Anch, FL 32618 Stephen C. Tillman 1017 Sw 202 Stephen NewDerry, FL 32669 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 2 20 -00 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Typed or printed name of signee

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)

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