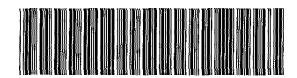
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(Requestor's Name)
April Demmi 13729 San Juan Ave. Hudson, FL 34667
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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February 21, 2006

APRIL DEMMI 13729 SAN JUAN AVE HUDSON, FL 34667

SUBJECT: DEMMI ENTERPRISES LLC

Ref. Number: W06000008620

We have received your document for DEMMI ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days 6 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A0001238

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Demmi Enterprises LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HOTIL V. DEMMI (Name of Person)	÷. ÷,
Florida Reatly Centers, Inc.	•
7008 Clark 5+.	:,
Hudson, FL 34667 (City/State and Zip Code)	
For further information concerning this matter, please call:	- 527 -
April Demmi at 727 809 - 0475 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	1
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	.
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (additional copy is enclosed) CDVL Page COVL Page COVL Page Cover)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Demni Enterorise (Must end with the words "Limited Liability Company, "Limited	5 LLC d Company" or their abbreviation "LLC." or "L.C")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Hudson, FC 341667	13/134 Jan Juan Hve Hudson, Fr 34667
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 result of the res	egistered agent are: Minimum AVL ress (P.O. Box NOT acceptable) FL 344667

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..

tegistered 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:

"MGR" = Manager "MGRM" = Managi		Name and Address:	
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N/A_	-		
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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)