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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified CopiesCertificates of Status		
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SELPHIJARY OF STATE
TALLAHASSEE, FLORIDA





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JAMES E. Chester (Name of Person)	
Chester's Having (Firm/Company)	
1030 Concord Old Rhinbridge Pd.	
HAVANINA FLA- 32333	•
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Edward Chesters at 850,544-6505 SS 3	
(Name of Person) (Area Code & Day time Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

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 Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
HAUMWH FL 32333 1030 Covered Old Brinbrigered. HAUMWH FL 32333 1030 Covered Old Brinbridge R ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another			
Florida street addi Flaven A City, State, an	ARETARY OF AND ACCEPTABLE OF STATE OF S		
liability company at the place designated in this contificate. I hereby accept the appointment as			

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 FFECTIVE DATE

The name and address of each Manager of	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-R.	THINES E. Chester 1030 CONCORD O'L BUINDING RO HOLOWAR TO 32333.
MBRM.	Monna R. Chrester 1030 Concord Old BAINDridge Rd Haranina Fl. 32322
<u> </u>	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 3/13/06. (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	06 MAR SECREI
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury
JAMES Typed	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)