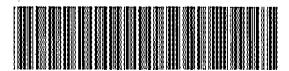
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(Requestor	's Name)
(Address)	
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(City/State/	Zip/Phone #)
PICK-UP	Wait Mail
(Business	Entity Name)
(Daniel	Alexandra A
(Document	: Number)
Certified Copies	Certificates of Status
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COVER LETTER

COVERLETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Josphin Darks (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:	
Deway Willion (Name of Person)	
Dotohun Docks	
(Firm/Company)	
Po Box 131 1843 Hy 98	
Carabelle 71. 32322 (City/State and Zip Code)	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	•
	101
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	±-
S125.00 Filing Fee S130.00 Filing Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	 : *
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 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	r"L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Com	pany	ts:
Principal Office Address: Mailing Address:			
1843 Hy 98 PO BOX 131 Cossabelle Fl. 22322 Possabelle Fl. 32	372		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	ignature al or another	* 4	
The name and the Florida street address of the registered agent are: Dower will Name Dower	i'an_	?	
Florida street address (P.O. Box <u>NOT</u> acceptable)			
Carrabelle File 32322 City, State, and Zip			
Having been named as registered agent and to accept service of process for the ab liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Charles	appointm ne provisio familiar w	ent as ons of ith and	all
Registered Agent's Signature (REQUIRED)	SECRET TALL AHA	06 MAR	i
(CONTINUED) Page 1 of 2	ARY OF ST SSEE, FLO	I3 AMII:	「「「

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Doney bullians 1843 Hy 98 correballe 11.
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	O6 MAR SECRETA

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)