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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

COVER LET	TER
TO: Registration Section Division of Corporations	TER FILED 2006 MAR 10 P 2: 51 SECRETARY OF STATE ALLAHASSEE, FLORIDA for filing.
SUBJECT: Ellery and Associates, LLC	SFOOT 10 P 2:51
(Name of Limited Liabilit	(Company) TALLAHASSEE, FLORIS
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Nancy S. Ellery	
(Name of P	erson)
Ellery and Associates, LLC	
(Firm/Com	pany)
3794 NW Pin Oak Drive	
(Addre	s)
Jensen Beach, FL 34957	
(City/State and	Zip Code)
For further information concerning this matter, please call:	
Nancy S. Elleryat (772	2 , 692-4240
	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate	55.00 Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section 1 Division of Corporations 1 P.O. Box 6327	street/Courier Address Registration Section Division of Corporations Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

	ORIDA LIMITED LIABILITY COMPANY NAR 10 P 2: 51
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	SECRETA D 2:51
The name of the Limited Liability Company is:	TALLAHASSEE, FLORIDA
Ellery and Associates, LLC	•
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3794 NW Pin Oak Drive	3794 NW Pin Oak Drive
Jensen Beach, FL 34957	Jensen Beach, FL 34957
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Nancy S. Ellery	
Name	
3794 NW Pin Oak Drive	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Jensen Beach, FL 34957	FL

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)

City, State, and Zip

(CONTINUED)
Page 1 of 2

Title:	Managing Member(s): Manager or Managing Member is as follows: Name and Address: Name and Address: Name Address: Name Address:
"MGR" = Manager	- WAR In
"MGRM" = Managing Memb	TASECRETA
MGRM	Nancy S. Ellery 3794 NW Pin Oak Drive
	3794 NW Pin Oak Drive
	Jensen Beach, FL 34957
MGRM	Jack D. Ellery
	3794 NW Pin Oak Drive
	Jensen Beach, FL 34957
<u></u>	
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•	an the date of filing: January 1, 2006 . (OPTIONAL)
ffective date is listed, the date days after the date of filing.)	an the date of filing: January 1, 2006 . (OPTIONAL) nust be specific and cannot be more than five business days prior
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of this document of this document.	nust be specific and cannot be more than five business days prior
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of this document of this document.	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of: (in accordance of this document that the factive date, if other the date of t	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)

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