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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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FILED TO: Registration Section Division of Corporations 2006 KAR 10 P 2: 58 (Name of Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FLORIDA The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) For further information concerning this matter, please call: ROBERT LUIA
(Name of Person) at (407) 843-2393 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

Mailing Address

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

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

FILED

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	SECRETARY OF STA
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Must end with the words "Limited Liability Company, "Limited	d 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:
625 ALBA DR	625 ALBA DR
ORLANDO FLORIDA	02-LANDO, FLORIDA 32804
32904	328.04
The name and the Florida street address of the re	•
625 Alza DTZ Florida street addi OTLANDO City, State, as	rese (P.O. Poy NOT acceptable)
riorida succe addi	less (F.O. Box NOT acceptable)
ORLANDO	FL 32804
City, State, and	od Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and
	tered agent as provided for in Chapter 608, F.S.
Registant Agent's Signatu	ne (REQUIRED)

(CONTINUED)
Page 1 of 2

<u> Fitle:</u>	Name and Address:	ZOOG MAR I
'MGR" = Manager 'MGRM" = Managing Me	mber	SECRETARY TALLAHASSE
MGRU	ROSETET LINA	LLAHASSE
MORM	625 AL RA DIZ.	
	ORLANDO FL 32804	
MGRM	Diana SCHMITZ DEL	una.
	625 ALBA DIZ.	
	BRIANDO FL 3290	4
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•		OPTIONAL)
(Use attachment if necessa LE V: Effective date, if oth fective date is listed, the did days after the date of filing	ner than the date of filing: (one than the specific and cannot be more than five but	OPTIONAL) siness days prior
LE V: Effective date, if oth fective date is listed, the d	ner than the date of filing: (one of the content of the c	OPTIONAL) siness days prior
LE V: Effective date, if oth fective date is listed, the days after the date of filing	ner than the date of filing: (one of the content of the c	OPTIONAL) siness days prior
LE V: Effective date, if oth fective date is listed, the days after the date of filing REQUIRED SIGNATUR	ner than the date of filing: (one of the content of the c	OPTIONAL) siness days prior
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LE V: Effective date, if oth fective date is listed, the days after the date of filing REQUIRED SIGNATUR Signature (In accord of this doc	ner than the date of filing:	OPTIONAL) siness days prior
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