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Special Instructions to		
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COVER LETTER

TO:	TO: Registration Section Division of Corporations			
SUBJE	ст: <u>Ма</u> ј	Name of Limite	LL C d Liability Company)	
The end	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please 1	return all corresp	condence concerning this matte	er to the following:	
-	Ted	C. Abrams	Nome of Descon)	
-	Main	Street Condo	Firm/Company)	**
-	9615	Royal Calcutte	(Address)	
-	Bradento	n, FL 34202 (City	(State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
<u> </u>	(Name	h (am 5 c of Person)	at (<u>8/3</u>) <u>250</u> _ (Area Code & Daytime Te	0404 x 223 elephone Number)
Enclose	ed is a check fo	or the following amount:		
⊠ \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mi str. + (1 11)	,
(Must end with the words "Limited Liability Company, "Limited	ad Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9615, Royal Calculta Place Bradenton, FI 34202	9615 Royal Calcutto Plan Bradenton, Pt 34202
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Alten Steinfe	-ld = 50 m
Name	0/
17315 Lost Trey Florida street add	lress (P.O. Box NOT acceptable)
Bialenton City, State, 2	FL 34202 05 05 06 06 06 06 06 06 06 06 06 06 06 06 06
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managing M	Name and Address: Member
MGBM	Allen Steinteld 13315 Lost Key Place Brudenton, FL 34202
MGR	Tel (Abrams 9615, Royal Colcute Place Brandenter, FL 34202
-	
(Use attachment if neces	sary)
(If an effective date is listed, the	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior
to or 90 days after the date of fi	ling.)
REQUIRED SIGNATION	URE:
	allen Itentell
Signati	re of a member or an authorized representative of a member.
of this	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
	Typed or printed name of signee

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)