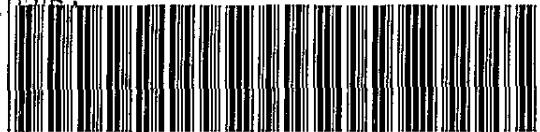


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TALLAHASSEE, FL 32310



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Books Done Right, LLC.

(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:**

901 Groveland Hills Drive  
Tallahassee, FL 32317

**Mailing Address:**

Books Done Right, LLC.  
P.O. Box 180553  
Tallahassee, FL 32318

**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 business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Adrian Makki  
Name  
1900 #116 Centre Point Blvd.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32317  
City, State, and Zip

*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..*

Adrian Makki  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**FILED**

2006 MAR 27 P 12:17

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

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

2006 MAR 27 P 12:17

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MGR

Refair Grace Freeman  
901 Groveland Hills Dr.  
Tallahassee, FL 32317

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/20/2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Refair Grace Freeman  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Refair Grace-Freeman  
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)