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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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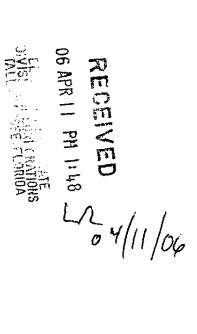
Office Use Only



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SECRETARY OF STATE



COVER LETTER

TO:	Registration Se Division of Co				•	
SUBJI	ECT:	(Name of Limite	d Liability Company)			
		•				
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
	Eva 1	lae Garbo	Name of Person)			_
		(Name of Person)	•		
	Clean	ina			•	
			Firm/Company)	ASE	96	•
	8738 R	actions Page	\mathcal{A}	CRE AF	AP	= Ar
			(Address)	ASS.	=	
•	Tellaha	ssee, Florida	37315	SEC.	-0	Ţī
	- C(LICENTA	City	/State and Zip Code)	7.0		
				SREE SEE	5	
For fur	ther information	concerning this matter, please	call:)A	•	
Evo	M. Go	arbo	at (\$50) 519-90	66		
<u>u</u>		of Person)	(Area Code & Daytime T	elephone Number)		
Englos	ed is a chack fo	or the following amount:				
		-	—			
₩ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filin Certificate of Sta Certified Copy (additional copy is e	tus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EUA LLC	
(Must end with the words "Limited Liability Company, "Lim	ited 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:
The maning address and street address of the	principal office of the Billined Blabinty Company is.
Principal Office Address:	Mailing Address:
8238 BlockTock Rd Tallahassec, Florida	8238 Block Jack 75/8 Tallahusser, Florida 3
The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ristered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
FVA Gorbo Nam	
Nam	e
8238 Black	ddress (P.O. Box NOT acceptable)
TALLA ha SSCC	
City, State	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

MGRM FUNGENDO Tallshauser, Florida R238 Dlack Jock ART ART ART SERV FIRST OFFICE FUNGENDO R238 Dlack Jock OFFICE OFFICE	Title: "MGR" = Mana "MGRM" = Ma	iger inaging Member	Name and Address:	·
(Use attachment if necessary)	MGR	<u>m</u>	EUAGORDO Tallaharre, Florida 8238 Black Jack	
(Use attachment if necessary)				
(Use attachment if necessary)		at · , -		SECRETARY
				THE PE
	(7.7 v. 1	. 10		器 5
	CLE V: Effective	date, if other than the	date of filing: (e specific and cannot be more than five bu	OPTIONA usiness day
REQUIRED SIGNATURE:	LE V: Effective ffective date is lid days after the d	e date, if other than the sted, the date must be late of filing.)		OPTIONA usiness day
Exa M. Salo- Signature of a member or an authorized representative of a member.	CLE V: Effective effective date is li 0 days after the d	e date, if other than the sted, the date must be late of filing.) IGNATURE:	e specific and cannot be more than five by Total and cannot be more than five by Total and cannot be more than five by Total and cannot be more than five by	OPTIONA usiness day
Exa M. Darbo	CLE V: Effective effective date is lid days after the d	e date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a membe (In accordance with sec of this document consti	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	OPTIONA usiness day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)