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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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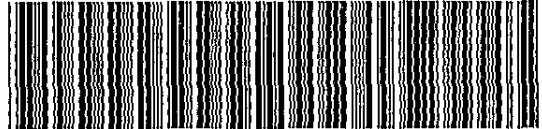
Certificates of Status

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M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Facility, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Rodriguez
(Name of Person)

Facility, LLC
(Firm/Company)

1850 37th Street
(Address)

Vero Beach, FL 32940
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Rodriguez at (585) 321-0220
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
FACILITY, LLC**

The undersigned acting as the authorized representative of FACILITY, LLC, under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company shall be FACILITY, LLC (the "LLC")

**ARTICLE II
ADDRESS OF PRINCIPAL OFFICE**


The street address of the principal office and the mailing address of the LLC shall be 1850 37th Street, Vero Beach, FL 32960

**ARTICLE III
REGISTERED AGENT**

The registered agent shall be Michael Rodriguez, whose address is Facility, LLC, 1850 37th Street, Vero Beach, FL 32960

**ARTICLE IV
MANAGEMENT**

the LLC is to managed by a Manager. The initial Manager of the LLC will be Michael Rodriguez, whose address is 1850 37th Street, Vero Beach, FL 32960.


Michael Rodriguez
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

In compliance with Sections 608.415 and 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating its registered agent and registered office, for the purpose of accepting service of process in the State of Florida:

1. The name of the Limited Liability Company is:

FACILITY, LLC

2. The name and address of the registered office is:

Michael Rodriguez
1850 37th Street
Vero Beach, FL 32960
Phone: 772-562-3030
Facsimile: 772-778-0766

By:


Michael Rodriguez
Authorized Representative

ACCEPTANCE

Having been named as registered agent and to accept service of the 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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

By:


Michael Rodriguez