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(Requestor's Name)	_
- (Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Filone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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COVER LETTER

TO: Registration Se Division of Co			
` < ,		1	
SUBJECT:	(Name of Limited	l Liability Company)	
	`		
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Stephen	w. Pickert		
	(1	Name of Person)	
S & V	L.L.C.	Firm/Company)	
	(Firm/Company)	
227	North Ivanh	oe Blud. West	
		(Address)	
Orlanda	, Horida	32804	
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Steplano	Pukert	407 622-	5250
(Name	of Person)	at (407) 622 - (Area Code & Daytime To	elephone Number)
P. Janet Constants C	and a Calleration and		
	or the following amount:		
\$125.00 Filing Fee	S130.00 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:

5 & V. L.L. C	
(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 part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
227 North Ivenhae Blvd. West DRUANDO, 21A. 32804	227 North Ivanhoe Blud. WEST ORGANIO, FIA 32804
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the Stephen W.	registered agent are: Pickert Rickert Rickert
800 South Orl	modo Ave. ddress (P.O. Box NOT acceptable)
Maithmul, 71A City, State	FL 32751 , and Zip
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 alwerformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-R	Stephen W. Pickert 227 North France Blug, West ORIANDO, 744 32804
MGRM	Valevie H. fickert 227 North Ivannos Blad WIST Ociando, 714 32804
(Use attachment if necessary) CLE V: Effective date, if other the	nan the date of filing: must be specific and cannot be more than five business days pr
ffective date is listed, the date r	must be specific and cannot be more than 1170 business days pr
ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	Z:A
ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this document)	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)

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