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SECRETARY OF STATE
SECRETARY OF FLORIDA

COVER LETTER

TO:	Registration Se Division of Co					
SHRIB	CT. Kingdo	om56 Investments I	LLC			
SULGE	.c.i	(Name of Limited		ty Compa	ıny)	
The end	closed Articles of	Organization and fee(s) are so	submitted	for filing	;.	
Please	return all corresp	ondence concerning this matte	er to the f	following	:	
	Karin L. P	ugh				
•		(1	Name of l	Person)		
	Kingdom5	6 Investments LL	.C			
•		((Firm/Con	npany)		
	1429 NW	48 Terrace				
			(Addre	ess)		
	Gainesvil	le, FL 32605				
		(City)	//State and	l Zip Code)	
For fur	ther information	concerning this matter, please	call:			
Davi	d E. Pugh		at (35	52	256-39	81
	(Name	of Person)			e & Daytime T	elephone Number)
Enclos	ed is a check fo	or the following amount:				
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	ied Copy	ling Fee & y 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		Registrati Division Clifton B 2661 Exe	on Section of Corporation uilding ecutive Cente see, FL 32301	ons r Circle

1. 1.17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

npany" or their abbreviation "LLC," or "L.C.,")					
al office of the Limited Liability Company	is:				
Mailing Address: 1429 NW 48 Terrace Gainesville, FL 32605					
	al office of the Limited Liability Company siling Address: 9 NW 48 Terrace nesville, FL 32605 ce, & Registered Agent's Signature: gent. You must designate an individual or another ered agent are: P.O. Box NOT acceptable) 32605				

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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" = Mar "MGRM" = M	nager lanaging Member	Name and Address:	
MGR		David E. Pugh	
		1429 NW 48 Terrace	
		Gainesville, FL 32605	
MGR		Brian T. Pugh	
		1429 NW 48 Terrace	
		Gainesville, FL 32605	***************************************
MGR		Karin L. Pugh	
		1429 NW 48 Terrace	
		Gainesville, FL 32605	
MGRM		David E. Pugh	
		1429 NW 48 Terrace	
		Gainesville, FL 32605	
effective date is O days after the		te of filing: (0	
	(In accordance with section	on 608.408(3), Florida Statutes, the execution	FILED 06 HAY 15 AH II: 57 SECRETARY OF STATE FALLAHASSEE, FLORID
	of this document constitut that the facts stated here	es an affirmation under the penalties of perjury ein are true.)	Fig. 2
		•	
	David E. Pugh	or printed name of signee) HII: ! FLOF

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)