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(Re	equestor's Name)	
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DIVISION OF CORPORATIONS

OF MAY 25 PM 1: 03

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B. Tadlock | 11N 0 2 2006

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	CHARMAR EN (Name of Limite	ITER PRISES	220
	(Name of Limite	d Liability Company)	
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	HARLES W.	Ross	
	(Name of Person)	
	YARMAR EN		220
	((Firm/Company)	
94	460 TREASUR	RE LN. N.E	. ,
		(Address)	
57	PETERSB (City	URG, FL.	33702
	(City	/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
CHARL	ES W. Ross ame of Person)	at (<u>813</u>) <u>918 -</u>	4401
(Na	ame of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	c for the following amount:		,
□ \$125.00 Filing Fe	ce \$130.00 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:	OS MAY 25
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"	ORPOK
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	Company is:
Principal Office Address: Mailing Address:	
9460 TREASURE LU. N.E. 9460 TREASURE LU. 57. PETERS BURG, 33702 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 and business entity with an active Florida registration.)	ure:
The name and the Florida street address of the registered agent are:	
MARCIA ROSS Name 9460 TREASURE LN. N.E. Florida street address (P.O. Box NOT acceptable)	
ST. PETERS BURG, FL 33702 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	LHARLES W. ROSS
	SHARLES W. ROSS 9460 TREASURE IN. N.E 5T. PETERSBURG, FL. 337
	•
MGRM	MARCIA ROSS
	MARCIA ROSS 9460 TREASURE LN. N.E ST. PETERS BURG, FL. 3370
(Use attachment if necessary)	
•	e date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must b	e date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must b	e date of filing: (OPTIO be specific and cannot be more than five business of the control of the contro
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIO be specific and cannot be more than five business
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIO be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be specific and cannot be more than five business of the specific and cannot be spe
days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.

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)

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