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(Requestor's Name)
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PICK-UP WAIT MAIL
, -
(Business Entity Name)
(and and and and and and and and and and
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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TALL SHASSEL FLORIDA

TALL SHASSEL FLORIDA

SECRETARY OF STATE

G-13-06



COVER LETTER

Division of Co				
SUBJECT:	SS BARNES (Name of Limite	S EVER PRIS	es	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
<u>G</u> ;	Ibert Ross	Rame of Person)		
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THE TANK I A SAME I		(Firm/Company)	A C	06.
8950) Apalacher	= PARKUM	AH	RET E
		(Xddress)	, SS	FILED N 13 P
Talla	MASSEE, FL	32311	ָרֶי רֶיּ	FILED JUN 13 PM 7: 43 ERETARY OF STATE
	(City	/State and Zip Code)	7	超 5
For further information c	oncerning this matter, please	call:		13.
Galbret Re	oss Branks of Person)	at (<u>\$50</u>) <u>942</u> (Area Code & Daytime To	- 2078 elephone Number)	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing I 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

ART	ICL	ΕI	- N	lai	me:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Dringing Office Address

The mailing address and street address of the principal office of the Limited Liability Company is:

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ارور	Jahas	5-80 5-1	32311		all	ALVASS	ee_	FL.	32311	

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

8950 Apalachee Darkway

Florida street address (P.O. Box NOT acceptable)

Talkassee FL 3231/

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

EFFECTIVE DATE

LILL

ARTICLE IV- Manager(s) or Man The name and address of each Manager	naging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-RM_	Gilbert Ross BARNES 5950 Apalachee PARKINGY Tallahasse, FL 38311
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: $\frac{6/13/06}{0}$. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a membe	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee