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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ups, Te Cop, N. LUC (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:		
Bruce Sidell		
Bruce Sidell (Name of Person)		
(Firm/Company)		
250 S. Pryslent St #707 For (Address)	ラ ア	
(Address)	Ξ	
Beltmure MD 21202 335	19	i
(City/State and Zip Code)	PH :	
(City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:	ns JUH 19 PM 3:33	
Rrue Sizell at (443) 829-1674 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & \$\bigcup \text{\$155.00 Filing Fee & \$\bigcup \text{\$160.00 Filing Fee, } \\ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	nited Company" or their abbreviation "LLC," or "L.C.,")
	, ,
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
24 Dockside Ln PMR 124 Key Logo, FL 33037	24 Dacky. 2. Ln PMB 124 ER Key Lugo, FL 33037
business entity with an active Florida registration.) The name and the Florida street address of the Don Mcd	e registered agent are:
1460	
24 Docks 13 Florida street a	le Ln PMB 124 address (P.O. Box NOT acceptable)
	60 FL 33037
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete.	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ng Member	
MGRM	Roy. Ciell	
	250 S. Progrant St =707	
	Bruce Stall 250 S. Progrant St F707 Bulbmore, MD 21202	
		_
		_
Use attachment if r	ecessary)	
LE V: Effective dat fective date is listed days after the date	, if other than the date of filing: (OPT the date must be specific and cannot be more than five busine of filing.)	TION ss da
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