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TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return'all correspondence concerning this matter to the following:
John Cherry (Name of Person)
John Cherry (Firm/Company)
19/19/1955ee Fl 32316-0778
(City/State and Zip Code)
For further information concerning this matter, please call:
John Cherry at (850) 345 7327 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, 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 Corporations Division of Corporations Clifton Building 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:

	/ C -
Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7/26 Blue berry Hill Dr Tallahussee 1=6 32303	PO DOX 20778 Tallahassee F1 32316-0728
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Toka Cherry Name 7126 Blueberry Florida street add Tollah 955=e	registered agent are: ALLAHASSEE, FLORING DIN 30 AM 10: Hill Dr. dress (P.O. Box NOT acceptable)

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

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM	- ;	John Cherry Po Box 20778 Tallahasse F1. 32316-072
marm marm		Edward Montford \$17 Yolusia Tt Tollahossee Fl. 32310
MORM	_	Edward hee 1710 Perry St Tallahussed F), 32310
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