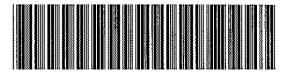
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: A Yound Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Demics Kaynolds
(Name of Person)

A Yound Company

Gotty State and Zip Code)

For further information concerning this matter, please call:

at 850 673-8833

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee & Certificate of Status

ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) p \$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 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:

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

### ARTICLE II - Address:

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

Principal Office Address:			Mailing Address:					
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Lee	FL.	32059	<u> </u>	The same	e	PL 320	359/	<del>-</del> -
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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:

| Second | Property | Propert

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	6073. F. U.S. HV490 Lee FL. 32059 Domis Kaynolds
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	ASSET TO THE STATE OF THE STATE
(Use attachment if necessary)	22 ORIDA
to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business da
Signature of a member	Tor an authorized representative of a member.
of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are trap.)  ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga of Registered Agent	nization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)