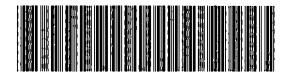
# L060000090278

(Requestor's Name)	
(, reducers a riville)	
(Address)	
(Address)	
(Cit dOtate (Zin (Diagram 4))	<del></del>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

Office Use Only



300079562683

09/14/06--01028--020 \*\*155.00

09/14/06

OF SEP 14 PM 1: 01 06 SEP 14 PM 1: 08

OF SEP 14 PM 1: 01 06 SEP 14 PM 1: 08

OF SEP 14 PM 1: 01 06 SEP 14 PM 1: 08

# **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Name of Limit	ExpRess 11C ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	harles L.	WILLIAMS (Name of Person)	7 8 S
			AHASS
· <u></u>		(Firm/Company)	mg 2
	230 S.E. CA	(Address)	SEE. FLORID
	LAKE CITY, F	-L. 32025	· ************************************
	, (City	y/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Charles h	DILLIAMS ne of Person)	at ( <u>386</u> ) <u>867</u> (Area Code & Daytime 7	Telephone Number)
Enclosed is a check	for the following amount:		
5 \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$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 Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SILVER RAM EXDRESS L	LC.
Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
230 S.E. CLEDDAR CT. LAKE CITY, Fl. 32025	SAME
LAKE CITY, FL. 32025	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration    \[ \begin{align*} \text{LARLES L. Large } \\ \text{Name} \\ \text{Name} \\ \text{Florida street add} \\ \text{Florida street add} \end{align*}	egistered agent are:  Only Ams  Property of the property of th
LAKE CITY,	FL 32025 09/14/06

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)

City, State, and Zip

(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  MGRM	Charles Williams 230 S.E. Cheboar CT. LAKE CITY, FL. 32025
	TAL SE
(Use attachment if necessary)	SEP 14 PF
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)	date of filing: 9/14/06 OPTIONAL be specific and cannot be more than five business

## **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)