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SECRETARY OF STATE

.59 .2008 SEP 1

DEFARTHENT OF STATE OF CORPORATIONS

W6-91095

COVER LETTER

TO:

Registration Section Division of Corporations

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

For further information concerning this matter, please call:

(Name of Person)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & Certificate of Status

Certified Copy

(additional copy is enclosed)

ρ \$160.00 PAT Certificate ₹

Certified Goby (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

A	RT	ICI	Æ	1	- Na	me	

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:
837 Warren Street Quincy Florida 32351	837 Warren Street Quinty Florian

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

837 Warren Street

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

OUNCY FL 3 2 35/

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

FILED

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SECRETARY OF STATE
TALLAHASSEF

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Member	
Masm	HENRY LAMON LOVE
	837 Warren Stree
•	QJINCY Florida 3235

<u> </u>	
	the date of filing: (OPTIO
LE V: Effective date, if other than	ust be specific and cannot be more than five bu
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