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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Con	Acquisitions Acquisitions	S, LLC d'Liability Company)	··	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Ja	son Smoke	<u></u>		:
	(Name of Person)		
			·	
	((Firm/Company)		
PQ (Box 27524			
		(Address)		
Par	ana City	Beach FL (State and Zip Code)	32411	
For further information of	concerning this matter, please	cali:	-	
Sason (Name	Smoker of Person)	at (<u>850</u>) <u>866</u> (Area Code & Daytime T	= 3848 elephone Number)	* *
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Addres Registration Section	š	4 4

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

$\frac{\omega_1(\mathcal{U})}{\omega_1(\mathcal{U})}$
AU Acquisitions (Must end with the words "Lighted Liability Company, "Limited 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:
1234 Aisport Rd, Stc 121 Destin, PL 32541
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:
Michael Sobik
1234 Air port Rd, Ste 121 Florida street address (P.O. Box NOT acceptable)
Oestin, FL 32541 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

(CONTINUED)
Page 1 of 2

egistered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM 50%	Sason Smoker Po Box 27524 Panama City Beh, FC 324
MGRM 50%	Michael Sobik 1234 Hirport Rd, Ste 12 Destin FL 32541
· · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)	e date of filing: 9-20-06 (OPTION

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.)

Typed or printed name of signee

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)

- 1. An operating agreement will be entered into by the members
- 2. This will be a member managed LLC.
- 3. Capital contributions will be \$12,500 each.