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10-1-06

COVER LETTER

TO: Registration Section Division of Corpora			·
SUBJECT:	(Name of Limited	Liability Company)	LLC
The enclosed Articles of Org	ganization and fee(s) are su	bmitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
MEL	VIN R. S	lame of Person)	# ·
	1R INV	ESTORS,	445
794	08 % A	AUS. SAUTA (Address)	
57.1	Etersbar (City/	State and Zip Code)	33700
For further information conc	erning this matter, please o	all:	P 29 P
MELUS (Name of Po	erson)	at (73) 64 (Area Code & Daytime Te	Z- D/SZ = lephone Number)
Enclosed is a check for the	e following amount:		
\$125.00 Filing Fee Co	\$130.00 Filing Fee & ertificate 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)
R D P.	Iniling Address egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	as

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 "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:
744 68th AVE. SA. ST. PETERS DURG, FC	744 6876 AVS, 50. 51. PSTERS BUXE, FC
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	egistered agent are:

Name

744 684 905. South

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

57. Peter Obvert FL 33705

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

10-1-0G

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member RAYMONG TAMPA ISTO ALCAZAR WAY SOUTH ST. PETENSAURY, BC 33705 MGRM MGRM

REQUIRED SIGNATURE:	25 CE	2,006.5	**** *** *
Signature of a member or an authorized representative of a member.	CIASSE	SEP 29	
(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.)	CF STATE	PM 1: 36	

Typed or printed name of signce

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)