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	,
(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	usiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Registration Security Division of Co				
SUBJECT: Amb	(Name of Limite	Juny LLC d Liab (ity Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Caron Balk	kany, Esq.			
	(Name of Person)		*****
	(Firm/Company)		06 OCT 30 PM 2: 28
Po Box 42	20859			130 1
		(Address)		語って
Summerla	and Key, FL 33042			F S 2:
	(City	/State and Zip Code)		器 28
For further information	concerning this matter, please	call:		ア
Caron Balkany, E	Esq.	at (305) 849-107	3	
(Name	e of Person)	(Area Code & Daytime To	elephone Number)	•
Enclosed is a check for	or 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 Certificate of State Certified Copy (additional copy is en-	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
The Ambushed Grand Jury, LLC	
(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 t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: Po Box 420859 Summerland Key, FL 33042
7401 Dorn Road	Po Box 420859
Big Torch Key, FL 33042	Summerland Key, FL 33042
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Caron Balkany, Esq.	
1	Name
7401 Dorn Road	
Florida stre	et address (P.O. Box NOT acceptable)
Big Torch Key,	FL 33042
City, State, and Zip	
liability company at the place designate registered agent and agree to act in this cap	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all sete performance of my duties, and I am familiar with and

atutes 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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Caron Balkany, Esq. Po Box 420859 Summerland Key, FL 33042 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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)