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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Sec Division of Cor				
Empriz	allC			
SUBJECT: Emprize LLC (Name of Limited Liability Company)				
TT	Commission and fools) are a	showitted for filing		
	Organization and fee(s) are su			
Please return an correspo	ondence concerning this matte	to the following.		
<u>Jamie Ga</u>	<del></del>	Name of Person)		
	•	valle of a cisony		
Emprize L				
	(	Firm/Company)		
215 Caravelle Drive				
		(Address)		
Jupiter FL 33458				
(City/State and Zip Code)				
For further information of	concerning this matter, please	call:		
Jamie Gagnon		at (866 ) 624-60	30	
(Name of Person)		(Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	r the following amount:			
\$125.00 Fiting 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	10/20/06
Emprize 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 the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
215 Caravelle Drive Jupiter, FL 33458	215 Caravelle Drive Jupiter, FL 33458
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 re	gistered agent are:
Jamie Gagnon Name	
215 Caravelle Drive Florida street addre	ess (P.O. Box NOT acceptable)
Jupiter City, State, an	FL 33458 d 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 SECRETARY OF STATE
DIVISION OF CORPORATIONS

OF OCT 30 DM 1 1 1

## 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 Me	mber
MGR	Jamie Gagnon
	Jupiter, FL 33458
MGRM	Greg Gagnon
	215 Caravelle Drive
	Jupiter, FL 33458
(Use attachment if necessa	ry)
	ner than the date of filing: October 28 2006 (OPTIONAL)
n effective date is listed, the d r 90 days after the date of filin	ate must be specific and cannot be more than five business days prior g,)
REQUIRED SIGNATUR	RE:
Signature	df a member or an authorized representative of a member.
(In accord	lance with section 608.408(3), Florida Statutes, the execution
of this do	cument constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Jamie Gagnon

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee