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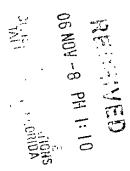
(Requestor's Name)
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3. BAYAM NOV - 8 2006

COVER LETTER

TO:	Registration Ser Division of Cor			
SUBJE	ct: <u>Ch</u>	arles Rolling	d Liability Company)	
		(Manie of Linine	d Liability Company)	
The enc	losed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please r	eturn all correspo	ondence concerning this matte	r to the following:	
	Cha	rles Rollin	5	SEC TALI
_				A AR
_	Cha	rls Rolling	shhc	NOV-8 PH
			(Firm/Company)	PA F. F. F. F.
	407	Crossway	ch	
-		0,-20-	(Address)	8 0
	Tallah	assee Fl	L 32305 /State and Zip Gode)	
,		(City	/State and Zip Gode)	
For furt	her information c	concerning this matter, please	call:	•
Cha	irles Ro	ollins	w850 SOS	5-8229
	(Name	of Person)	at (850) 509 (Area Code & Daytime Te	lephone Number)
Enclose	ed 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	IS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
Charles Rollins L. L. C (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:								
407 Crossway At. Court SAMe Tallahassee FL 32305								
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)								
The name and the Florida street address of the registered agent are: Charles Rolling Name								
HC7 Crossway Cart Florida street address (P.O. Box NOT acceptable)								
Tallahassee FL 3230S 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)	SECRETAR TALLAHASS							
(CONTINUED)	ILED RRY OF STATE SEE, FLORID							
	▶ '							

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: "MGR" = Manager "MGRM" = Managing Member MG-RM	Name and Address:			
		Charles Rollins 407 Crossway Ct. Tallahass Re FL		5	
-	(Use attachment if necessary)				
(If an	CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)	e date of filing: (Old to be specific and cannot be more than five	PTIONA : busine	AL) ess days	
	REQUIRED SIGNATURE:				
	Signature of a membe	er or an authorized representative of a member.			
	of this document constitution the facts stated h	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.) Specification (1)	44 8- AON 90	SECRETARY OF	

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)