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(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Solution of Co				
SUBJECT: Y	8 G Inves	t mests hh		
	(Name of Limit	ed Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Gan	y Mille	ton		_
	/	(Name of Person)		
y &	G FNUEStm	ests LLC (Firm/Company)		_
		(Address)		_
		,		
Ta	lahossee	/State and Zip Code)	7	_
	<b>X</b> City	//State and Zip Code)		
For further information	concerning this matter, please	call:		
Gary	Middelal	at ( 850) 872 (Area Code & Daytime	8-8026	
ya va in c	of reison)	(Alea Code & Daytitle	refebutotic Mutipoeth 5:	
Enclosed is a check for	or the following amount:		OF HOV 2	Carry C
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	(/) ///	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons er Circle	
		Tallahassee, FL 3230	1	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: FEI # 20 - 571 5 3 70  The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
JO28 Elmwood Tallahoiser Fl 32317 SAME
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:
Gany Middleton Name
3028 Elmusod Rd
Florida street address (P.O. Box NOT acceptable)
Tallahossee FL 32317 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
Day Mudden
Registered Agent's Signature (REQUIRED)
(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:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ger naging Member	Name and Address:	
MGR		Gany Middleton 3028 Elmwood Tallahousee FL	32317
MGR		Jaich: Morio 2913 Serva fiel 1911ahossee Ph	1 Da 32309
	<del></del>		
(Use attachment	if necessary)		
ARTICLE V: Effective (If an effective date is prior to or 90 days after	listed, the date must be	te of filing:	2007(OPTIONAL) than five business days
<u>required</u> si	GNATURE:		
	Hay 22		
	(In accordance with section	Fan authorized representative of a ran authorized representative of a ran 608.408(3), Florida Statutes, the exees an affirmation under the penalties of in are true.)	ecution
	Gan/ Myped	or printed name of signee	06 
Filing Fees	<u>:</u>		OG NOV
	Fee for Articles of Organiza	ation and Designation	ARY SSE
	istered Agent ed Copy (Optional)		
	cate of Status (Optional)		LOR