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FILING COVER S ACCT. #FCA-14	SHEET		•••	
CONTACT:	TRACY SPEA	<u>AR</u>		
DATE:	11/22/06			
REF. #:	001260.60424			
CORP. NAME:	AMANDA M	WATKINS, LLC		
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C () OTHER:	CATION	() TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP	() ARTICLES OF DISSOLU () FICTITIOUS NAME (XX) LIMITED LIABILITY () WITHDRAWAL	
STATE FEES PE		TH CHECK# <u>52762</u> COUNT IF TO BE DEBITED:	FOR \$ <u>125.00</u>	SECRETARY OF DIVISION OF CORPO
		COST LIMI	IT: \$	OF STATE OF
PLEASE RETUR	N:			
() CERTIFIED COPY	() CE	RTIFICATE OF GOOD STANDING	(XX) PLAIN ST.	AMPED COPY
() CERTIFICATE OF	FSTATUS			

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITE	ED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is	š:
AMANDA M WATKINS, LLC	
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14408 HENSEL LANEAPT 202 14408 HENSEL LANEAPT 202	
TAMPA, FL 33613	TAMPA, FL 33613

	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	
AMANDA M WATKINS	
Name	7006
14408 HENSEL LANEAF	PT 202 P.O. Box NOT acceptable) 22
Florida street address (P.O. Box NOT acceptable)	
	70
TAMPA, FL 33613	3

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, Florida Statutes..

City, State, and Zip

Registered-Agent's Signature

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:			
"MGRM" = Managing Member	AMANDA M WATKINS			
MGRM	14408 HENSEL LANEAPT 202	14408 HENSEL LANEAPT 202		
	TAMPA, FL 33613			
		"		
Use attachment if necessary)				
NOTE: An additional article must be ad	ded if an effective date is requested.			
REQUIRED SIGNATURE:		200		
1/1.72		2006 NOV 22		
Signature of a member or an auth	orized representative of a member.	122		
	08.408(3), Florida Statutes, the execution in affirmation under the penalties of perjury true.)	PM 1: 22		
AMANDA M WATKINS	3	,		

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee