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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	. MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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11/30/06--01003--003 **125.00

COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT:		of Tallahassee L ed Liability Company)	TC
The enclosed Artic	les of Organization and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
Alac	7		
Audie	Addictions of Tallah		
2855	Apalachee Pkwy H	(Firm/Company)	9 PM 3: 04
Tallaho		(Address)	
	(Cit)	//State and Zip Code)	
For further informa	tion concerning this matter, please	call:	
Lose AZ	Brown Jame of Person)	_at (352 <u>572-</u> (Area Code & Daytime	
Enclosed is a chec	ck for the following amount:		_
\$125.00 Filing F	ee 0 \$130.00 Filing Fee & Certificate of Status	p \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporati Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Frective DATE 1-)-07
Aucho Addictions of Tallahasse (Must end with the words "Limited Liability Company, "Limited	LUC ad Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2855 Apalachee PKwy Apt. A41 Tallahassee FC 32301	SAME
business entity with an active Florida registration.) The name and the Florida street address of the reaction Adam Actenson Name 2855 Apolachee Pkwy Florida street add	Apt. A41 Tollohasse FC 32301 ress (P.O. Box NOT acceptable)
7allohaises City, State, a	FL 3/2301
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
	7AL 06

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE TALLAHASSEE, FLORIDA 06 NOV 29 PM 3: NI.

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" = Manager "MGRM" = Managing Member	Name and Address:		• • • • •
MGRM	Adam Peterson 2855 Applacher Plemy Apt. # A41 Tallahasser FC 32301		,
MGRM	Jasur Brown Stest D Northpoint Ct. Tailahassee R 32308	 . — — .	, ''
		-	i Africa
(Use attachment if necessary) ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
Signatur of a member	or an authorized representative of a member.	7- 7- 2	12+
of this document constitue that the facts stated her	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.) Rown do or printed name of signee	06 NOV 29 PM	SECRETARY O
Filing Fees:	e mark and a second second second	M 3: 04	F STA
\$125.00 Filing Fee for Articles of Organi	zation and Designation)L	DA DE

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