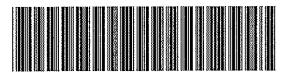
10000133334

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	,
(Cit	y/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		W
	Office Use Only	71



200082789112

18/28/06--01013--002 **155.00

06 DEC 28 PH 3: 01
SECRETARY OF STATE

EFFECTIVE DATE

COVER LETTER

	ion Section of Corporations		
SUBJECT:		E wood) d Liability Company)	
	(Name of Limite	а царину Сотрапу)	-
The enclosed Arti	cles of Organization and fee(s) are s	submitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	MILLIAM HAMILTON	ARTHUR 14	
	(Name of Person)	TO BE AND THE SECOND STATE OF THE SECOND STATE
		(Firm/Company)	
	•	(rano Company)	TAL OG
3	729 SW 1570 STRE	.a	
		(Address)	HAS 2
هی	mHESHILE, FL 3260	sa.	SSEE OF
		/State and Zip Code)	
F 6 4 1 6		11	3: 01
For further inform	ation concerning this matter, please	call:	
	LIAM ARTUR	at (305) 298.6121 (Area Code & Daytime Telepho	5
•	(Name of Person)	(Area Code & Daytime Telepho	ne Number)
Enclosed is a che	eck for the following amount:		
☐ \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Ce	\$160.00 Filing Fee, rtificate of Status & ertified Copy ditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	: e

WHAM LLL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' is:
(Must end with the words "Limited Liability Company, "L	HE Loco) imited Company" or their abbreviation "II C" or "I C")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
GAINERHUE, FL 32608	5729 SW 15 STREET (by 125 divice, Fr 32608
	egistered Agent. You must designate an individual franction 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3729 Sul S	address (P.O. Box NOT acceptable)
Gordina	FL 32608 te, and Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Title:		Name and Address:	
"MGR" = Manag			
"MGRM" = Man	aging Member		
MUR		WILLIAM H. ARTHUR IJ	
	* /,	3729 Sw IS STREET	 ,
		Conféssione, FL 32608	- .
			
			_
			· · ·
			-
			 .
	-	ate of filing: 1, 1, 2007 . (OPT	
	date, if other than the d	ate of filing: (OPT specific and cannot be more than five busines	
fective date is list	date, if other than the d	· · · · · · · · · · · · · · · · · · ·	
fective date is list	date, if other than the date, the date must be stee of filing.)	· · · · · · · · · · · · · · · · · · ·	
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE:	specific and cannot be more than five busines	
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE:	specific and cannot be more than five busines	
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE:	Specific and cannot be more than five business ALCAHASS White Authoris	
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE: Ailun Signature of a member of	Hith Autorized representative of a member of a	os days
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of the accordance with sections.	Specific and cannot be more than five business ALCANOMIC ART	ss days
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of this document constitut that the facts stated her	Appecific and cannot be more than five business. Appecific and cannot be more than five busines	of DEC 28 PM
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of this document constitut that the facts stated her	on 608.408(3), Florida Statutes, the execution on an affirmation under the penalties of perjurbal pein are true.)	of DEC 28 PM
fective date is list days after the da REQUIRED SIC	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of this document constitut that the facts stated her	Specific and cannot be more than five business. ALLANDISCOPPORT OF an authorized representative of a member of the second of t	06 DEC 28 PM 3: 01
fective date is list days after the da	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of this document constitut that the facts stated her	on 608.408(3), Florida Statutes, the execution on the an affirmation under the penalties of perjury tein are true.)	06 DEC 28 PM 3: 01
fective date is list days after the da REQUIRED SIC Filing Fees: \$125.00 Filing F	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of this document constitut that the facts stated her	Specific and cannot be more than five business Alich Cluby 13 or an authorized representative of a member 17 on 608.408(3), Florida Statutes, the execution 1000 printes an affirmation under the penalties of perjury 1900 printed name of signee MUANU LCC	06 DEC 28 PM 3: 01

• ARTICLE IV- Manager(s) or Managing Member(s):