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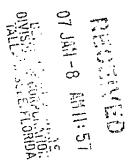
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SECRETARY OF STAFF

J. BRY JAN - 8 2007

Requester's Name 2898 Mahon Da State Address Tallahassee 26 City/State/Zip Phone #	Jeans V. Nover) 363159	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
•	N.S.W. (Document #)	LLC FORDER
2. (Corporation Name)	(Document #)	
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Walk in Pick up time _		Certified Copy
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of I Change of Regi Dissolution/Wit Merger	
OTHER FILINGS	REGISTRATION/	QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ship
CR2E031(7/97)		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: (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: 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: KAREN JONES Name 3132 HAWKS LANDING DRIVE Florida street address (P.O. Box NOT acceptable) Tollohassee FL 32309 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..

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGR.		KAREN JONES 3132 HAWKS LANDING DRIVE TOllopassee, FLORIDA 32309
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LE V: Effectiv	nt if necessary) re date, if other than the	date of filing: (OPTIONAl e specific and cannot be more than five business days
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LE V: Effectiv fective date is days after the	se date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const that the facts stated here.	e specific and cannot be more than five business days or or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury