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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

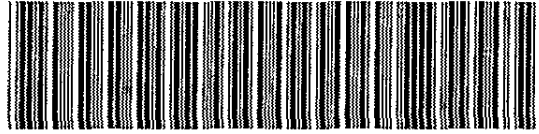
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXPIRE DATE

01-03-07

FILED
07 JAN 10 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFECT CHOICE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FE C. REYES
(Name of Person)

PERFECT CHOICE, L.L.C.
(Firm/Company)

12241 PEBBLE POINT DRIVE W.
(Address)

JACKSONVILLE, FL 32218
(City/State and Zip Code)

For further information concerning this matter, please call:

FE C. REYES at (561) 601-4718
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is **PERFECT CHOICE, LLC**

ARTICLE II—ADDRESS

The mailing address and street address of the principal office is:

Mailing Address:
12241 Pebble Point Drive West,
Jacksonville, FL 32218

Street Address:
12241 Pebble Point Drive West
Jacksonville, FL 32218

**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 is:

Fe C. Reyes
12241 Pebble Point Drive W.
Jacksonville, FL 32218

Having been named as registered agent and to accept service of process for the above 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 positions as registered agent as provided for in Chapter 608, F.S..

Fe C. Reyes

Registered Agent's Signature

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ARTICLE IV—MANAGER(S) OR MANAGING MEMBER(S)
The names and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

Armando T. Reyes

12241 Pebble Point Drive West,
Jacksonville, FL 32218

MGRM

Fe C. Reyes

12241 Pebble Point Drive West
Jacksonville, FL 32218

ARTICLE V—EFFECTIVE DATE

Effective date:

1-3-07

SIGNATURE:

Fe C. Reyes
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.)

Fe. C. Reyes

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)