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(Re	equestor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. Tadlock JAN 1 8 2007

#### **COVER LETTER**

TO: Registration Secti	on Prations		•
SUBJECT:	DOPKA (Name of Limited	Luciust Phil Liability Company)	PARK ILC
The enclosed Articles of O	rganization and fee(s) are su	abmitted for filing.	
Please return all correspond	dence concerning this matter	r to the following:	
Billy	J. Tk	PEVINO Name of Person)	
Apo;	DKA IND	ustrial f	ARK.
552	S. C	enteal Ave	
Apo	PKA F	State and Zip Code)	3
	(City)	Suite and Zip Code)	
For further information con	ncerning this matter, please	call:	
Billy I	Person)	at (407) 888	6 - 5591 elephone Number)
Enclosed is a check for t	he following amount:		
	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	ÆΙ	- 1	ame:
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The name of the Limited Liability Company is:

APERKA INJUSTED PARK LLC.
(Must and with the words "Limited Limbility Concerny, "Limited Company" or their abbreviation "LLC,")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

## Principal Office Address: Apopta Jackuste al fack Apopta 552 5 Contral Art Apopta FORMA

Apoper Industrial Part
Apoper I 32703

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company councy serve as its own Registered Agent. You must designate an individual or another business criticy with an active Florida registration.)

The name and the Florida street address of the registered agent are:

College Rack Accounting Inc.

Name

3739 Colonial Di.

Florida street address (P.O. Box NOT acceptable)

OKANDO FL. Palo 3

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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**REQUIRED SIGNATURE:** 

Signature of a member of 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 stated herein are true.)

Billy J TREVINO

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)