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(Re	questor's Name)	
(Add	dress)	
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

JAN 22 P 1: 0

COVER LETTER

TO:	Registration Solution Of Co					
SUBJE	Ecr: Ezell Er	nterprises L.L.C				
		(Name of Limite	d Liability Com	pany)		
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for fili	ng.		
Please i	return all corresi	oondence concerning this matte	er to the followin	ig :		
	John Ezell					
•		(Name of Person)			<u>. </u>
				·		
•		→ (Firm/Company)		•	
2	254 Briar Ba	y Circle			SE TALL	28
•			(Address)		ARE	2 1
C	Orlando FL,	32825			ARY VSSE	
•		(City	State and Zip Coo	ie)		U. II
For furt	her information	concerning this matter, please	call:		TATE ORIDA	
John E	Ezell		at (, 662-0920	}	
	(Name	of Person)	(Area Co	de & Daytime To	elephone Number)	
Enclose	ed is a check fo	or the following amount:				
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 I Certified Cop (additional copy	ру	\$160.00 Fi Certificate of S Certified Cop (additional copy	Status & Y
		Mailing Address Registration Section Division of Corporations	Registra	Courier Addressition Section of Corporation	-	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ezell Enterprises LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Ezell Enterprises LLC 254 Briar Bay Circle Orlando, FL 32825	Ezell Enterprises LLC 254 Briar Bay Circle Orlando, FL 32825
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate arrifully ideal or another
The name and the Florida street address of the re	egistered agent are: SA N
John Ezell	
Name	STA :: OR
254 Briar Bay Circle	alb _e
Florida street add	ress (P.O. Box NOT acceptable)
Orlando	FL 32825
City, State, a	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	John Ezell 254 Briar Bay Circle Orlando FL 32825			
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		HASSEE,	N 22 F	T
(Use attachment if necessary)		FLORIDA	- 10 	<u> </u>
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: be specific and cannot be more than	ı five		TONAL
REQUIRED SIGNATURE:	-a 1			
bl	C Ellf			
	er or an authorized representative of a r		_	

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)

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John C. Ezell Jr.

Typed or printed name of signee