

LO7000018706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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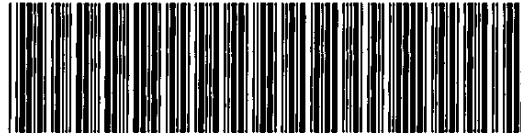
(Business Entity Name)

(Document Number)

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LAW OFFICE OF ROBERT BISSELL, P.A.
1349 International Parkway South, Suite 2421
Lake Mary, FL 32746 P-407 765 3893 F-407 660 1238

2/9/07

Dear Reader:

Please file this LLC and send
the documents back to me.

Thank you?

Bob Bissell

**ARTICLES OF ORGANIZATION
OF
AUSTIN ASHLOCK, LLC**

ARTICLE I - NAME

The name of the limited liability company is Austin Ashlock, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

2727 Lake Pickett Place
Chuluota, Florida 32766

Mailing Address:

2727 Lake Pickett Place
Chuluota, Florida 32766

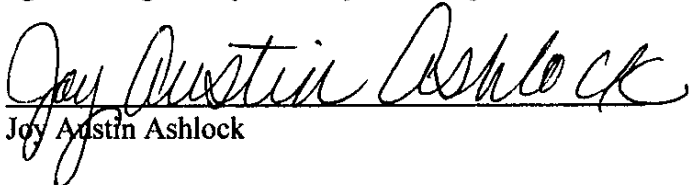
**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Joy Austin Ashlock
2727 Lake Pickett Place
Chuluota,, Florida 32766

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..

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Joy Austin Ashlock

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

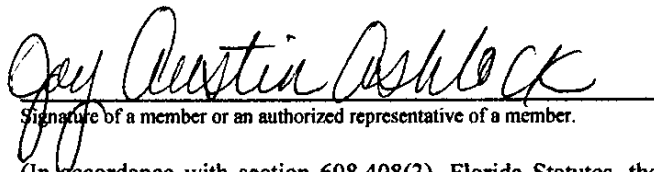
"MGMR" = Managing Member

Name and Address:

MGR

Joy Austin Ashlock
2727 Lake Pickett Place
Chuluota, Florida 32766

REQUIRED SIGNATURE:


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 stated herein are true.)

Joy Austin Ashlock

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Austin Ashlock, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Austin Ashlock, LLC.
2. The name and the Florida street address of the registered agent and office are:
Joy Austin Ashlock
2727 Lake Pickett Place, Chuluota,, Florida 32766

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, Florida Statutes.


Joy Austin Ashlock
Registered Agent