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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE

67-38445

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: T-95 BUS; NESS PARK, 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:			
MicHAEL COUTNEY (Name of Person)			
(Name of Person)			
(Firm/Company)			
710 CANOS TRAIC			
710 CANOE TRAIL (Address)			
VERO REACH, FC 32963 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL COUCTNEY (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:			
For further information concerning this matter, please call:			
M TUNG COUNT 18 722 031 30 57 50 51			
(Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) at (12) 25 55 55 75 75 75 75 75 75 75 75 75 75 75			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee? Certificate of Status & \bigcup Certificate of Status & \bigcup Certified Copy (additional copy is enclosed)			
Mailing Address Street/Courier Address Registration Section Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

(Must end with the words "Limited Liability Company, "Limited	ed 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:
MICHAEL COUPTINEY	710 CANOE TRATE VERO BEACH, FI 32963
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
MITHAEL COU Name	TNEY
Name	
710 CANOE TR	AiZ
Florida street add	ArZ dress (P.O. Box <u>NOT</u> acceptable)
VEROBEACH City, State, a	FL 32963
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
accept the congunities of my position as vegi	TRY OF RASSEE. F
Registered Agent's Signa	ture (REQUIRED)
(CONTIN	UED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MICHAEL COUFTNEY TO CANOE TRAIL VERO BEACH, FL 32963
	VERO BEACH, FC 32963
·	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	•
	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	he is not a second
Signature of a memb	er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
MICHAEL	COUCTNEY yped or printed name of signee
Filing Fees:	herein are true.) COVCTNEY yped or printed name of signee SRY OF STATE 19 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)