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PICK-UP WAIT MAIL				
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Contification of Chatries				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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AL SECRETARY OF STATE TALLAHASSEE, FLORING

COVER LETTER

Division of Co			
SUBJECT:C	herie A. Bino (Name of Limite	er, Es., LLC Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Che	erie A.Binge	Name of Person)	
<u> </u>	erie A. Bing	ex Ess. Firm/Company) D	
16	14 Hillvieux	Street	_4
		(Address)	JOOT H SECR
5a	irasota, FL (City	34239	
	(City	/State and Zip Code)	SEE SEE
For further information	concerning this matter, please	call:	OF STATES
Cherie (Name	13 incer	at (<u>941</u>) <u>366</u> (Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cherie A. Binger, Esc. (Must end with the words "Limited Liability Company, "15	imited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1614 Hillview St. Sarasota, FL 34239	1614 Hillview St. Sarasota, FL 34239			
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another			
The name and the Florida street address of the registered agent are:				
<u>Cherie A</u>	Binger STATE 5			
	Iview Street t address (P.O. Box NOT acceptable)			
Sarasota	FL 34239			

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

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:
MGIRM	Cherie A. Binger 1614 Hillview St. Sarasota, FC 34239
<u></u>	
	AR IN 22 P P P P P P P P P P P P P P P P P P
(Use attachment if necessary)	1
LE V: Effective date, if other than the d	ate of filing: June 1, 2007. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: June 1, 2007 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Cherie A. Binger
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)