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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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06/01/07--01035--006 **125.00

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
32030 Blackwater Caks Eustb, FL 32736	Same	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's gistered Agent. You must designate an individual	dual or another
The name and the Florida street address of the	e registered agent are:	JUH -
Pamela 5. 5	nyder	- 1 PM
	kwater Oaks	2:12
Florida street	address (P.O. Box NOT acceptable)	in

Registered Agent's Signature (REQUINED)

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..

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
MGRM	Pamela 5. Snyder 32030 Blackwater Oaks Eustr, Fl 32736
MGRM	Peter W. Mason 44945 2nd St. Deland, FL 32720
	PH C
(Use attachment if necess	•
LE V: Effective date, if o	ther than the date of filing: (OPTION e date must be specific and cannot be more than five busines of filing.)
LE V: Effective date, if of effective date is listed, the or 90 days after the date REQUIRED SIGNATU	ther than the date of filing: (OPTION e date must be specific and cannot be more than five busines of filing.)
LE V: Effective date, if of effective date is listed, the or 90 days after the date response representation of the date representation of the date of	ther than the date of filing: (OPTION e date must be specific and cannot be more than five busines of filing.) RE:
LE V: Effective date, if of effective date is listed, the or 90 days after the date REQUIRED SIGNATU Signature (In according to the date of the date	ther than the date of filing: