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SECRETARY OF STAIL
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Cash' Usec (Name of Limite	CCVS "hbC d Liability Company)	2, 11
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
_	Cody W	Name of Person)	
	<i>'</i>	, 0	
		Firm/Company)	TAI
	3686 W	oodville Huse (Address)	
		(Address)	
	Tallah assz	e F1, 3	23055 = 1
	(City	/State and Zip Code)	F SI F
For further information c	oncerning this matter, please	call:	39)RID
Cody Mane	of Person	at (<u>\$50</u>) <u>50G</u> — (Area Code & Daytime Telep	Depthone Number)
Enclosed is a check for	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	Street/Courier Address Registration Section Division of Corporations 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, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3686 Woodville Hung	5401 Mahan Dr Tall Fl, 3230 &
3686 Wane	egistered agent are: SSEC OF SIA Constitution of the segistered agent are: SUMMAN AND SEC OF SIA SUMMAN SEC OF

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

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Typed of printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)