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Effective Date 08/20/2007

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DIVISION OF CORPORALIONS

COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: EBRIII 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:				
Debock Soroinzac				
(Name of Person)				
(Firm/Company)				
1050 Croton Road				
(Address)				
Melhourne Fl. 32935				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Faren Steele Householder =1 (321) 698-6934				
(Name of Person) at (321) 698-6934 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,				
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 08/20/2007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

rincipal Uffice Address:	Mailing Address:
OSDC10+0n Rd Malbourne F1 32935	1050 CROton Road Methouse Ft. 32935

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Faren R. Steele-Householder

Florida street address (P.O. Box NOT acceptable

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.

Registered Agent's Signature (REQUIRED)

VISION OF CURPUKATIONS

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	Name and Address:
"MGRM" = Managing Member	
morm	Robert Spheitzer 1050 Croton Street The bourne Fr. 32935
MGRM	Rodney Harseholder 915 Stone MourtainCr Melbourne Fl. 32934
MGRM	Elic Spreitzer 1431 CIBOLA CIRCLE Mel Bourne F1 32934
	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-20-07. (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.)

that the facts stated herein are true.)

Typed or printed name of signe

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)

SECRETARY OF STAIL DIVISION OF CORPORATIONS