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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ency Evolution L.L.C. (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:
Linda M. Jaffe Esq. (Name of Person)
Law Office Linda M. Jaffe P.A.
9700 Stieling Rd. Suite 103
(City/State and Zip/Code)
(city/state and zapleode)
For further information concerning this matter, please call:
Linda JAPPe at (454) 436-3160 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Bigsquare{\Bigsquare} \mathbb{\Sigma} \mathbb
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ency Evolution L.L.C. (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 Comp	any is:
Principal Office Address: Mailing Address:	
1839 SW 315+ PAIX Pendroke Park Simme	
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 testiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Thierry S. Brunschwig	
Plorida street eddress (P.O. Box NOT soceptable)	
Florida street eddress (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 liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my thities, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, I	nt as ns of all th and
Registered (CONTINUED) Page 1 of 2	SECRETARE OF CORPO

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JAFFE -WEST OFFICE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member m 6RM (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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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 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)