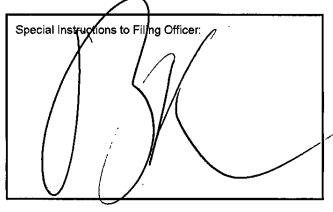


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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Mike	Name of Limite	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	(Name of Limited Liability Company) es of Organization and fee(s) are submitted for filing. respondence concerning this matter to the following: (Name of Person) (Name of Person) (Firm/Company) Southern Country Ln' (Address) (City/State and Zip Code) tion concerning this matter, please call: (Area Code & Daytime Telephone Number)		
Michael	Contraction of Person Thick's Imagina Floats (Name of Limited Liability Company) Description and fee(s) are submitted for filing. Turn all correspondence concerning this matter to the following: Michael & Weerel! (Name of Person) Mike's Amazina Floats (Firm/Company) Thick's Amazina F		
Mike			
7451	Southern Country	(Address)	7
T3/6	hove 19 323 (City	2/0 y/State and Zip Code)	
For further information	concerning this matter, please	call:	•
Ang lesy Name	(Jewe ()	at (<u> </u>	phone Number)
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	20 2 A
The name of the Limited Liability Company is:	
Mike's Amaria Frans (Must end with the words "Limited Liability	24c 352 3 1
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	192
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7491 Souther Country Con tolopesed F1 32210	Seme
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Michael E New ! Name	<u>(,,</u>
7491 Sauls County Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
City, State, a	<u>FL </u>
liability company at the place designated in the	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of

Registered Agent's Signature (REQUIRED)

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:	
MGRM	-	Michael Newell 7491 Souther Country orlanding Fl 32310	LA
	_		
			
	_		
(Use attachment in	f necessary)	•	
effective date is lis	date, if other than the sted, the date must the date of filing.)	date of filing: be specific and cannot be more than	(OPTIONA five busine
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REQUIRED SIG			
<u>REQUIRED</u> SIG	mlj-	The same of a mark to	
<u>REQUIRED</u> SIG	(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: