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(Requestor's Name) (Address) (Address)	100111008891		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	10/22/0701015011 ++130.00		
(Document Number) Certified Copies Certificates of Status	9		
Special Instructions to Filing Officer:	O7 OCT 22 AM IO: 20 SECRETARY OF STATE TALL ALLACASSEE: FLORIDA		

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COVER LETTER

TO: Registration Division of	i Section Corporations		
SUBJECT:	GERALD F. COL	LINS LIMITED LINI d Liability Company)	BILITY COMPANY
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	GERALD F. (O LLINS Name of Person)	
		Collino S (Firm/Company)	
		LS LAKE RD. (Address)	07 OCT 22 AM IO: 2 SECHETARY OF STATE TALLAHASSEE, FLORID
	MILTON, FLO	RIDA 32583 /State and Zip Code)	2 AM I
For further informatic	on concerning this matter, please	•	0: 21 STATE ORIDA
Howard (Na	BLEVEL JR. me of Person)	at (850) 981-i	631 ephone 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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	St.
GERALD F. COLLING (Must end with the words "Limited Liab	S LIMITED LIABILITY COMPANY bility 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:
Principal Office Address:	Mailing Address:
9538 NICHOLS LAKE RD. MILTON, FLORIDA 32583	MILTON, FL. 32583
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature;
The name and the Florida street address of the	
GERALD	F. COLLINS SM N
9538 N	ddress (P.O. Box NOT acceptable)
MILTON City, State	FL 32583 and Zip
	accept service of process for the above stated limited

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 (REOLIRED)

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" = Manage "MGRM" = Mana		
	-	
	97.0 PALL	
	OCT 22 AM 10: CRETARY OF STA NHASSEE FLOOR	
	OF AN	
(Use attachment if	necessary)	
TICLE V: Effective data an effective data is listed at 190 days after the data	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days prior te of filing.)	ľ
REQUIRED SIG	NATURE:	
	Gerald S. Colles	
	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.)	
	GERALD F. COLLINS 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)