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Special Instructions to	Filing Officer:	
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Office Use Only



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	COVE	KLEIIEK		
TO: Registration S Division of Co			.*	
SUBJECT:	3 a r r y (Name of Limit	Sea (ited Liability Company)	L.L.C.	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
Ba	-rry Seal	(Name of Person)		
	ry Seal			<del></del>
710	Inland S	eas Blud (Address)	<u> </u>	
winte	r Garden	FL. 3.	4787	
	(C	ity/State and Zip Code)		F8: 07
For further information	concerning this matter, pleas	se call:	E	807 2:
Barry	Sea (	at (407) 5 (Area Code & D	80 32 0 Cartime Telephone Number	E PM I::
Enclosed is a check for	or the following amount:		Ä	E 33
\$125.00 Filing Fee	concerning this matter, please of Person) for the following amount:  S\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fed Certified Copy (additional copy is en	closed) \$160.00 Filin Certificate of Certified Co (additional cop	ng Fee, f Status & py y is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Cliston Buildir	ction orporations ng e Center Circle	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barry Seal (Must 9nd with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
710 Inland Seas Blud.  Linter Garden  Liorida 34787  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registeries centity with an active Florida registration.)	
The name and the Florida street address of the $\frac{3 \times 7 \times 5}{\text{Name}}$	PER NEW PER
Florida street ad  whater Gerden  City, State.	

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 Silgnature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Berry Seal 710 Inland Soas Blud Winter Gerden Fr 34787
	07 
	OT OCT 22 PA SECRETARY OF PALL HASSEE F
(Use attachment if necessary)	32 DA
LE V: Effective date, if other than the date	e of filing: 11-01-07. (OPTIONAL) secific and cannot be more than five business days prior

ARTIC (If an e 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 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)