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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Limity Name)			
(Document Number)			
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

ָר ר LORJEN, LLC? 2000 BANKS RD. E 1 MARGATE, FL 33063 954 979-5800

10/22/07

Marsha Thomas
Document Specialist

Re: Letter Number 007A00054883

In response to the above referenced letter we DO NOT want to re-instate LORJEN, Inc. We would like you to open LORJEN LLC.

Please apply the funds for the conversion to a new application. Any credits please send back to the above address.

If you have any questions please call 954 822-1398.

SINCERELY,

LAUREN STONE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
LORJEN, LLC	•
(Must end with the words "Limited Liability Company "LLC.")	," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of Liability Company is:	
Principal Office Address:	Mailing Address:
2000 BANKS RD	2000 BANKS RD
E1	E1
MARGATE, FL 33063	MARGATE, FL 33063
ARTICLE III - Registered Agent, Reg Signature: (The Limited Liability Company cannot serve as its ovindividual or another business entity with an active Florida registration.)	5

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

LAUREN STONE

2000 BANKS RD, am

Florida street address (P.O. Box NOT acceptable)

MARGATE,FL 33063 FL

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)

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	LAUREN STONE	
	8479 NW 51 PLACE	
	CORAL SPRINGS, FL 33067	•
MGR	JENNA STONE	
	8479 NW 51 PLACE	
	CORAL SPRINGS, FL 33067	
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	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing:	
(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	late of filing.)	
REQUIRED SIGNATURE:	Mary / Phone	
Signature of a member or an au	thorized representative of a member	•
of this document constitutes an a	.408(3), Florida Statutes, the execution ffirmation under the penalties of perjurtated herein are true.)	
LAUREN STONE		_
Typed or prin	nted 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)