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(Demiserado Nemo)
(Requestor's Name)
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TO:	Registration Division of C						
ou n	And	COILTAN	FENCE	Aun	Deck	110.	
SUBJE	CT:	ERISTAR (Name of Lim	ited Liability	Company)	<u> </u>	
The end	closed Articles	of Organization	and fee(s) are	submitted for	or filing.		•
Please i	return all corres	spondence conce	erning this ma	tter to the fo	llowing:		
		BRIAN	JAY	Moon			
				(Name of Pe	erson)		
			 ,	(Firm/Com	pany)		
	3	5984 5	HUMARO	DAK	Burs.	•	
	_			(Addres	s)		
	T	LLAMASSEZ	F.FL	, 32	311	_	
			(C	tity/State and	Zip Code)		.,
For fur	ther informatio	n concerning thi	s matter, pleas	se call:			
	(Nar	ne of Person)		at () Area Code & Day	ytime Telep	hone Number)
Enclos	sed is a check	for the follow	ing amount:	. 1			
□\$125.	00 Filing Fee	□\$130.00 Certificat	Filing Fee & te of Status		00 Filing Fee fied Copy onal copy is enc		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		P.O. Box 6	n Section f Corporations	R E C 2	treet/Courier legistration Sec Division of Cor Clifton Building 661 Executive Callahassee, FL	tion porations Center Ci	rcle

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir		pany is:	Effectiv	re Date 01/0	30/10	
AMERIST (Mus	AR FENCE st end with the words "Lin	ANO DE	npany, "L.L.C	LC.		
ARTICLE II - Add The mailing address		of the princip	al office of	the Limited L	iability Compa	ıny is:
Principal Office Ac	ddress:	<u>M</u> a	iling Add	ress:		
3984 SHUM. TALLAHAJSKE	120 OAK BL	<u></u>	3984 Tanana	SHUMARD MOV, FL	32211	o
ARTICLE III - Re (The Limited Liability Cor business entity with an ac	npany cannot serve as its	own Registered A	ce, & Reg gent. You mus	istered Agent' t designate an indiv	's Signature:	
The name and the F	lorida street address	s of the registe	ered agent	are:		
	Boson	Moon Name				
-	O PO(F), O	Name				
	3984	SHUMARD	Ork	BLUD		
-	Florida	street address (P.O. Box <u>NO</u>			
	TALLAH ASSC.	FL FL	32	311		
liability company registered agent a all statutes relatir	d as registered agen y at the place design nd agree to act in th ng to the proper and igations of my positi Registered Agen	t and to acceptated in this centre is capacity. It complete perjon as register	t service of ertificate, I further agr formance o	process for the hereby accept i ee to comply w f my duties, and	the appointmer vith the provision d I am familiar	nt as ons of with

CII PH I

SECRETARY OF STATE
INVISION OF CORPORATIONS

(CONTINUED)

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" = Manager "MGRM" = Managing Membe	Name and Address:
MBRM	BRIAN MOON 3984 SHUMARD DAK BLUD TALLAMATICE, FC. 32311
(Use attachment if necessary)	
CLE V: Effective date, if other t effective date is listed, the dat to or 90 days after the date of fi	than the date of filing: (OPTIONA te must be specific and cannot be more than five busines illing.)
REQUIRED SIGNATURE:	
Signature of a	Buon Mon member or an authorized representative of a member.
(In accordance	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury

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)

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DIVISION OF CORPORATIONS

Typed or printed name of signee