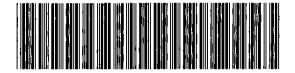
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(Re	equestor's Name)			
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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FECTIVE DATE



## COVER LETTER

Division of (			
SUBJECT:	E &   Corporate Er	vironments LLC.	
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Summe	r Anoai	
	(	Name of Person)	•
	E & I Corporate E	invironments LLC	
		(Firm/Company)	
	2530 Br	ooklyn St	,
		(Address)	
	Pensacola	FL 32514	
	(City	/State and Zip Code)	<del></del>
For further informatio	n concerning this matter, please	call:	·
Summer Anoai		at ( 850 ) 777-838	85
(Nan	(Name of Person)		Telephone 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 Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	pility Company is:	
E & I corporate Envi	ronments LLC	·
(Must end with the words "Limited Lia	bility Company, "Limited Company" or their abbrevia	ation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and stree	t address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:	
2530 Brooklyn St	2530 Brooklyn st	
Pensacola FL 32514	Pensacola FL 32514	
business entity with an active Florida r The name and the Florida stre	O7 DEC 21 ANII: 2: SECRETARY OF STAT TALLAHASSEE FLORIC	
	Name	SSE —
<u> </u>	2530 Brooklyn St	
	Florida street address (P.O. Box NOT accep	table) 52 =
<u>P</u> ensacola	. FL 32514 City, State, and Zip	27 AIE AIE
	City, State, and Zip	
liability company at the pla registered agent and agree to statutes relating to the prope	ered agent and to accept service of proces ace designated in this certificate. I hereby act in this capacity. I further agree to concr and complete performance of my duties, by position as registered agent as provided	accept the appointment as apply with the provisions of all and I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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 MGR Summer Anoai 2530 Brooklyn St Pensacola FI 32514 **MGRM** Mike Little 2530 Brooklyn St Pensacola FL 32514 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: Jan 1 2008 \_\_\_\_. (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 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.)

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)

Typed or printed name of signee

Summer Anoai