L080000/11/28

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
	WAIT	MAIL
· (Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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CA Thomas IAN 3 1 2008

COVER LETTER

	tration Section on of Corporations		
SUBJECT: _	First Time (Name of Limit	omnercial Clased Liability Company)	erning
The enclosed A	articles of Organization and fee(s) are	submitted for filing.	•
	I correspondence concerning this matt	-	
	Joseph Gerrett	AL CD	
<u>'</u>	rot Time Comm	(Firm/Company)	hing
27	FF-1 Hartofe	(Address)	
10	Hahassec, I-L (City	32303 V/State and Zip Code)	
For further info	rmation concerning this matter, please	call:	
Josep	Name of Person)	at (40) 493 (Area Code & Daytime Tele	- 9861 ephone Number)
Enclosed is a c	check for the following amount:		
\$125.00 Filin	g Fee \$\times \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	\$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:

	·
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tallanassee Il 32305	7388-7 Herts field Wey Tallanassee Fl. 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Juseph Garre	<u>:</u> #
Name	
2388-1 Horse	field Way
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tillakessee City, State, a	FL 32303
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Page 1 of 2

<u>l'itle:</u> 'MGR" = Manager	Name and Address:
'MGRM" = Managing Member	
1G-RM	Joseph Garrett
MGRM	Till chessis, FL 323.3
MGRM	David Benga
	Tellcherou PL 723.3
• •	
Use attachment if necessary) JEV: Effective date, if other that active date is listed, the date me	on the date of filing: 21108 (OPTION
EV: Effective date, if other tha	ust be specific and cannot be more than five business d
EV: Effective date, if other tha	ust be specific and cannot be more than five business d
EV: Effective date, if other that ective date is listed, the date mulays after the date of filing.)	on the date of filing: 1108 (OPTION ust be specific and cannot be more than five business d
EV: Effective date, if other tha	on the date of filing: \(\frac{\lambda \chi \frac{\lambda}{\lambda}}{\text{cannot be more than five business d}} \)
LE V: Effective date, if other that ective date is listed, the date mulays after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business d
EV: Effective date, if other that ective date is listed, the date mulays after the date of filing.) REQUIRED SIGNATURE: Signature of a mulay of this document	ust be specific and cannot be more than five business d

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)

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