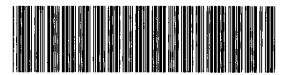
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SECRETARY OF STATE
AND AHASSEE FLORIDA

## COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT. Randy	Cosner Enterpris	es, LLC	
.5010		(Name of Limit	ed Liability Compa	any)
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing	<b>3.</b>
Please	return all correspond	ondence concerning this mat	ter to the following	;
	Randy Cos	sner	·	
			(Name of Person)	
	Randy Co	sner Enterprises,	LLC	
			(Firm/Company)	
	401 Maple	St		
			(Address)	
	Sebastian	Florida 32958		
		(Cit	y/State and Zip Code	<del>)</del>
For fu	rther information of	concerning this matter, please	e call:	
Teresa Cosner		at ( 772	633-1948 e & Daytime Telephone Number)	
	(Name of Person)		(Area Cod	e & Daytime Telephone Number)
Enclo	sed is a check fo	r the following amount:		
(additional copy is enclosed) Certified Copy				py Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding outive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Limited Liability Company er Enterprises, LLC	is:	
		ability Company, "L.L.C.," or "LLC.")	
_	ess and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:		Mailing Address:	
401 Maple St		401 Maple St	
Sebastian Fiorida 32958		Sebastian Florida 32958	
The Limited Liability	Registered Agent, Register Company cannot serve as its own Ren active Florida registration.)	red Office, & Registered Agent's egistered Agent. You must designate an indivi-	dual or another
The name and the	e Florida street address of th	ne registered agent are:	ARC M
	Teresa Cosner		08 MAR -3 SECRETAR TALLAHAS
	Na	me	SSE
	401 Maple St		PH 1: 46 SEE FLORIDA
	Florida street	address (P.O. Box NOT acceptable)	Logs Th
		a 3 <u>2</u> 958	

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" = Mana "MGRM" = Ma					
	Mgrm		Randy Cosner 401 Maple St			
	•		Sebastian Florida 32958		<del>-</del>	
	Mgrm		Teresa Cosner			
	, -	<del></del>	401 Maple St	<del></del>	-	
			Sebastian Florida 32958		<del>-</del> -	
		<del></del>		<del> </del>		
					_	
		<del></del>		<del></del>	-	
					_	
	(Use attachment	if necessary)				
ARTI	ICLE V: Effective	date, if other than the da	te of filing: 3/1/08	(OPTIC	ONAL)	
			pecific and cannot be more than	five business	days p	rior
to or !	90 days after the d	ate of filing.)				
	REQUIRED SI	GNATURE:		7.0	0	
		-////		LEG LEG	7 80 1 80	-
,		Tamali (	me	AE AE	HAR	C-20-03
		Signature of a piember of	r an authorized representative of a n	nember.	ယ်	i Emm
		(In accordance with section	n 608.408(3), Florida Statutes, the exec	cution SE	-0	
		of this document constitute that the facts stated here	es an affirmation under the penalties of	perjury	PH	
		Ronnul	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	nember.	1 1:40	
		Typed	or printed name of signee	— F	7 0	
		* <b>-</b>	•			

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)