

208000041024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

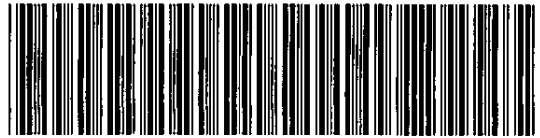
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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04/23/08--01037--031 \*\*160.00

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08 APR 23 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 23 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: I.T. Advance Consulting**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Eric P. Johnson**  
(Name of Person)

**I.T. Advance Consulting**  
(Firm/Company)

**7 Deerwood St.**  
(Address)

**Palm Coast, FL 32137**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Eric P. Johnson** at ( **904** ) **386-1260**  
(Name of Person) (Area Code & Daytime Telephone Number)

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08 APR 23 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

I.T. Advance Consulting, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

7 Deerwood St.  
Palm Coast, FL 32137

7 Deerwood St.  
Palm Coast, FL 32137

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

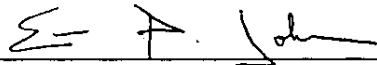
Eric P. Johnson  
Name

7 Deerwood St.  
Florida street address (P.O. Box **NOT** acceptable)

Palm Coast, FL 32137<sub>FL</sub>  
City, State, and Zip

**FILED**  
08 APR 23 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Eric P. Johnson  
7 Deerwood St.  
Palm Coast, FL 32137

MGR \_\_\_\_\_

Shari K. Johnson  
7 Deerwood St.  
Palm Coast, FL 32137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

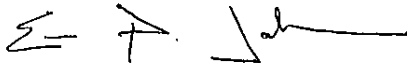
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the 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 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.)

**Eric P. Johnson**

Typed or printed name of signee

**FILED**  
08 APR 23 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

LO800041025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

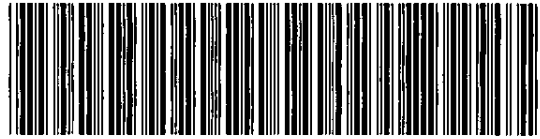
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 4-18-08



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04/23/08--01023--015 \*\*130.00

FILED  
08 APR 23 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 23 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Agri Fuels International LLC**  
*(Name of Limited Liability Company)*

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael Grant**

*(Name of Person)*

*(Firm/Company)*

**4541 SW 28 Way**

*(Address)*

**Dania Beach, FL 33312**

*(City/State and Zip Code)*

08 APR 23 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

**Michael Grant** at ( **954** ) **274 1807**  
*(Name of Person) (Area Code & Daytime Telephone Number)*

Enclosed is a check for the following amount:

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- \$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  
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Tallahassee, FL 32301

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Agri Fuels International LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

4541 SW 28 Way

Dania Beach, FL 33312

4541 SW 28 Way

Dania Beach, FL 33312

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Grant

Name

4541 SW 28 Way

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

Dania Beach, FL 33312

City, State, and Zip

08 APR 23 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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

FILE DATE 4-18-08

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Michael Grant

4541 SW 28 Way

Dania Beach, FL 33312

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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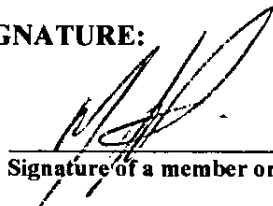
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4-18-2008 (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.)

**Michael Grant**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 23 PM 1:09

FILED

**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)