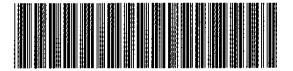
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(Requestor's Name)
(Address)
(Address)
(O) (O) (O) (O) (O) (O)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	Todd Aho 1	LC. led Liability Company)	·····
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Javan	Aho		***************************************
		(Name of Person)	
		(Firm/Company)	
494 /	Andrew Circle	(Address)	
Calvo	, GA 398,	ly/State and Zip Code)	
For further information of	concerning this matter, pleas	e call:	
Jasan Ah	of Person)	at (349) 393 - 60 (Area Code & Daytime Telep	o368 Shone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Sasa Todd Aho 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:
Tallahassee, FL Cairo, GA 39828
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:
The name and the Florida street address of the registered agent are: Name Name
Name SS 27
Florida street address (P.O. Box NOT acceptable)
Tall shape FL 32310 SET 5
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)

The name and address of	feach Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: Member			
<u>morm</u>	Jasan Aho 494 Andrew Ctrek Cairo, UA 3986			
(Use attachment if necess	sary)			
ARTICLE V: Effective date, if of (If an effective date is listed, the to or 90 days after the date of files.)	other than the date of filing: (date must be specific and cannot be more than five bu ing.)	OPTION Isiness d	VAL) ays p	rior
<u>REQUIRED</u> SIGNATU	JRE:	SECRE!	08 HAY	77
(In acco	re of a member or an authorized representative of a member. ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury ne facts stated herein are true.)	TARY OF STATE	127 MII: 15	
	Typed or printed name of signee	Ď		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)