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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8 JUN 13 PM 3:0

M. Thomas JUN 1 6 2008

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ja	Maciza (Name of Limit	led Liability Company)	or ings
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return ail corresp	ondence concerning this mat	ter to the following:	
	Tanya ?	(Name of Person)	
San	naican ((Firm/Company)	ngs
$\overline{\varphi}$.O. BOX	Address)	
520	sur Fl	zy/State and Zip Code)	2473
For further information	concerning this matter, pleas	e call:	_₹ % 8
Janya (Name	Bchall of Person)	at (941) S 9 (Area Code & Daytime Tele	ephone Number) SSE 3
Enclosed is a check for	or the following amount:		PH 3: OF STI E. FLOO
\$125.00 Filing Fee	➤\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing 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

A	R	ΓI	CL	Æ	I	-	ľ	Nam	e:
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The name of the Limited Liability Company is:

(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:
6773 Dunbarton St.	6773 Dunbarton St.
Morth port, 21 34286	1004 Port BC. 34286

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:

Name

Schall
Name

Stanya Schall
Name

Stanya Stany

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)

Address:
Schall Durboton St Pot PL. 34286
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CAETARY OF THE CAETAR
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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.)

Typed or printed name of signee

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)