## 408000066188

	(Requestor's Name)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	A. LUNT			
	JUL - 9 2008			
\$130.00	EXAMINER			

Office Use Only



400131985244

07/08/08--01016--011 \*\*520.00

## **COVER LETTER**

11

TO: Registration Se Division of Cor		_		
SUBJECT:	(Name of Limited L	Lability Company)	* "Trc	٠,
The enclosed Articles of	Organization and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
JAn	us E S	Right =	Jr.	
$\sum_{\Lambda}$	Name of the state	no-of Person)	In	
	(Fin	m/Company)		
5	414 Jan	Misur	51	
$-\omega$	How. F	(Address)  ate and Zip Code)	73 TALLC	-
	) (City/su	ne and Zip Code)	HAZ III.	-
For further information of	oncerning this matter, please call	<b>l</b> :	-8 SSEE	F
James E	Joseph Jr at	850, 99	0 3 45 5 D	C
(Name o	of Person)	(Area Code & Daytime Tele	phone Number	
Enclosed is a check for	the following amount:		·	
\$125.00 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 Ci Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Dural F. Masile Home GARK (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:
5+14 SAN Myval ST 5+14 Jan Minul ST 183 Minu
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  Name  Name  Name  Name  Name  Not acceptable)  Florida street address (P.O. Box NOT acceptable)  Florida street address
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member "MGRM" = Managing Member	JAMES & Spink Ja 5414 Jan Migyelson On Had & Jazzaris	
	TILED    700 JUL +8   P 2: 30     SECRETARY OF STATE     TALLAHASSEE. FLORID	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing:	
REQUIRED SIGNATURE:		
(In accordance with se of this document cons	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	

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)