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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. HAMPTON

AUG 2 2 2008

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporation	s	(oneword)	
SUBJE	СТ:	Name of Limited I	L.L.C.	
	closed Articles of Organiza		_	
	Frede	rich C. P.	me of Person)	
	Fred	erich C.	Barres P.	4.
-	<u> 500 (</u>	W. Mait	rland Ave., S	swite 305
	<u>Mai+la</u>	nd, FL. 3 (City/St	ate and Zip Code)	
	her information concerning	•		
F	(Name of Person)	at at	(Area Code & Daytime Tele	phone Number)
_	ed is a check for the follo 00 Filing Fee \$\square\$\$130.0 Certifi		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	Address ution Section of Corporations ox 6327 ssee, 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 ARTICLE I - Name:					
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:					
2nd Ave, Ste. 30 3275/	Maitiand, FL. 3	ind Are, ste. 303			
annot serve as its own Registe					
street address of the re	egistered agent are:				
rederich C. Name	Barnes				
		บ _ั			
City, State, a					
e place designated in the to act in this capacity roper and complete per of my position as regis	his certificate, I hereby accept v. I further agree to comply w Formance of my duties, and I ttered agent as provided for in	t the appointment as ith the provisions of all am familiar with and			
	ed Agent, Registered annot serve as its own Registrida registration.) street address of the registration of the registration of the registred agent and to a serve age place designated in the to act in this capacity roper and complete per of my position as registered.	th the words "Limited Liability Company, "L.L.C.," or "LLC.") threet address of the principal office of the Limited Mailing Address: Mailing Address: Mailing Address: Address: Address: Address: Address: Address: Address: Address: Address: Agent, Registered Office, & Registered Agen annot serve as its own Registered Agent. You must designate an inc			

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGB	Frederich C. Barnes SXD V. Maitland Ave. Suite S Maitland, FL. 32751
(Use attachment if necessary)	
	an the date of filing: (OPTIONAI ust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	sember or an authorized representative of a member.
Signature of a	zembel el all autholizeu lepi eschlam v VI a Membel:
(In accordance w of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)

Page 2 of 2.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

LORID/

ARY OF STATE