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DEPARTICULT OF STATE
DIVISION OF COMPONATIONS
TALLAHASSEE FLORIDA

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B. KOHR

SEP 16 2008

**EXAMINER** 



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<i>:</i>
Two Staghens, LCC	FILED FILED PH OB SEP 16 PH
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Owner Search
Requested by:    Mane   Date   Time	Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	188
(Must end with the words "Limked Liability Company, "L.L.C.," or "LLC.")	ENLED PA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liz	ability Sompanis:
Principal Office Address: Mailing Address:	<b>7</b>
7134 Coarner Landing Road South Storida 30000 So	no
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualiness entity with an active Florida registration.)	Signature: dual or another
The name and the Florida street address of the registered agent are:	
Richard Stephens	
7134 Garner Landing, Florida street address (P.O. Box NOT acceptable)	Road
Fiorida street address (P.O. Box NOI acceptable)	
City, State, and Zip	•
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with	e appointment as

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 each M	anager or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
mgrm	Kelly Stephons 7134 Gainet landing Rd
mgrm	Richard Stephons 1134 marner landing Rd 11014, Florida 36252
effective date is listed, the date mu of days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a me	enber or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Kal	1 Stephens Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of	

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