108000099316

(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	

Office Use Only



600137176106

10/22/08--01047--006 **130.00

NOT HAR ADED

SECRETARY OF STATE RECEIVED
TALLANASSES, FLORIDAPARTMENT OF STATE
TALLANASSES, FLORIDAPOR OF CORPORATION

90/22

John W. Black

Attorney At Law
2155 Delta Blvd., Suite 210-A
Tallahassee, Florida 32303
Telephone: (850) 425-4600 Fax: (850) 425-4612

October 22, 2008

VIA HAND DELIVERY

Department of State, Division of Corporations Office of Corporate Filings Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Request for Filing New Limited Liability Company
Articles of Organization for No Limits INT'L, LLC

Dear Sir or Madam:

I enclose for the filing of a new limited liability company the following documents:

- 1. Articles of Organization for No Limits, INT'L, LLC
- 2. Certificate of Acceptance of Designation as Registered Agent.
- 3. Filing fee check in the amount of \$130.00, to pay the Filing Fee, Registered Agent Fee, and Certificate of Status.

I would appreciate if you would please file the Articles of Organization and Certificate of Acceptance of Designation of Registered Agent.

I would like to request a Certificate of Status for this filing, the \$5.00 fee for which is included in the filing fee check. Please provide the Certificate of Status to my client, Barry McConnell, who is delivering this filing. If he is unable to wait for the filing, please mail it to me at the above address.

Please call me if you have any questions or need to discuss this matter any further.

Sincerely yours,

John W. Black

JWB:jb Enclosures

cc: Barry A. McConnell

ARTICLES OF ORGANIZATION

OF

NO LIMITS エルでし, トレく a Florida Limited Liability Company

The undersigned organizer hereby subscribes to these Articles of Organization

THILL
for NO LIMITS, LLC, a Florida Limited Liability Company.

ARTICLE ONE - NAME

The name of this limited liability company shall be NO LIMITS, LLC (hereinafter referred to as "Company").

ARTICLE TWO - ADDRESS

The mailing and street address for the principal office of the Company is:

5662 Sioux Dr. Tallahassee, FL 32317

ARTICLE THREE - REGISTERED AGENT

The name and street address for the Company's registered agent is:

John W. Black 2155 Delta Blvd., Suite 210-A Tallahassee, Florida 32303

08 OCT 22 PM 1: 24

ARTICLE FOUR - MANAGEMENT

The Company shall be a manager-managed limited liability company pursuant to the terms as described in the Regulations and Members' Operating Agreement. The name and address of the Managing Member is:

Barry A. McConnell 5662 Sioux Dr. Tallahassee, FL 32317

IN WITNESS WHEREOF, the organizer identified below has executed these Articles of Organization of the Company on this 22 day of October, 2008.

BARRY A. MCCONNELL, Organizer

5662 Sioux Dr.

Tallahassee, FL 32317

ACLAHASSEE, FLUKIUM

CERTIFICATE OF ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT OF

NO LIMITS, エルてし, トレC a Florida Limited Liability Company

Pursuant to Sections 48.091 and 608.415, Florida Statutes, the undersigned, having been designated as the initial registered agent for the service of process within the State of Florida, does hereby accept the appointment as such registered agent and does hereby agree to comply with the provisions of Section 48.091(2), Florida Statutes, relative to keeping open the registered office which is located at:

2155 Delta Blvd., Suite 210-A Tallahassee, Florida 32303

The undersigned registered agent further acknowledges that he is familiar with and accepts the obligations of serving as registered agent.

IN WITNESS WHEREOF, I, John W. Black, the designated registered agent, have hereunto set my hand and seal at Tallahassee, Leon County, Florida, this 2220 day of October, 2008.

ohn W. Black, Esq.

2155 Delta Blvd., Suite 210-A

Tallahassee, Florida 32303

(850) 425-4600

Florida Bar No. 0754552

08 OCT 22 PM

ECRETARY OF STATE LLAHASSEE, FLORIDA