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(Requestor's Name)	
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PICK-UP WAIT MAIL	
TOO WALL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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A. LUNT	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Archer Grap Enterises LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
Archer Group Enterprises LLC 景符量		
9835-16 Lake Worth Rad 構造之色		
LALLE WORTH, Morida 3346797 20 10 10 10 10 10 10 10 10 10 10 10 10 10		
For further information concerning this matter, please call:		
(Name of Person) at (561) 352-8556 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, }\text{\$Certificate of Status & }\text{\$Certified Copy & Certificate of Status & }\$Certified Copy & Certified Copy & Certi		
Mailing Address Street/Courier Address Pagietration Section Pagietration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Archer Group Enterpises LLC (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 Compan	y is:
Principal Office Address: Mailing Address:	
PRISO-16 LAKE Worth Rd #326 LAKE Worth Mondy 33467 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 monthly business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Totale 29 Monagement Worth Rd #326	FILED
*** The state of t	

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..

S. Itwarz Registered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:
MGRM	Golden Scales Leasing 4321 4835-16 LAKO WORTH ROD #321 Whe work round
MGRM	Twin Holdings 9835-16 LAKE worth Roch H326 LAKE worth Mondy 37467
(Use attachment if necessary)	OCT 24 AM 11: 21 CRE ARY OF STATE LAH ASSEE, FLORID
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member of	agent or an authorized representative of a member.
of this document constitue that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.) Algorithm Agenta

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)