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(Re	equestor's Name)	
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S. HAWKES
DEC 012008
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	·
SUBJI	ECT: PANANG FAFEANG	Tional Mencagnoise - Hant LLC f Limited Liability Company)
The en	nclosed Articles of Organization and fee	(s) are submitted for filing.
Please	return all correspondence concerning t	nis matter to the following:
	Reyn	(Name of Person)
		(Firm/Company)
	1522	-2 Migy Ross
	Talla has	(City/State and Zip Code)
For furt	rther information concerning this matter	please call:
<u></u>	Reynals 1272 (Name of Person)	at ( <u>347</u> ) <u>981 63 44</u> (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amo	unt;
<b>□</b> \$125.0	.00 Filing Fee \$130.00 Filing For Certificate of Sta	
	Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building

## ARTICLES.OF.ORGANIZATION. FOR FLORIDA LIMITED LIABILITY. COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Parens International ME			Lc
(Must end with the words "Limited Li	ability Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the	Limited Li	ability Company is:
Principal Office Address:	Mailing Address	<u>:</u>	
1522-2 Nigh 2.40 Talla HATE Floring	1522-2 T4-11411	Migy	1.42
74/14 NA/72 F-101-14		230L	<u> </u>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)			
The name and the Florida street address of th	e registered agent are:		8
REY No Nan	M. 1/2/72 me		
1522 - 2 Florida street	nigy L-49 address (P.O. Box <u>NOT</u> ac	ceptable)	
Talla ha ste City, Stat	FL <b>32304</b> e, and Zip		

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..

		Name and-Add	ress:	
"MGR" = Manager			<del></del>	
"MGRM" = Managir	ng Member			
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M624		1264 Nals	neny	11/L
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	if other than the dat the date must be sp f filing.)			
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EV: Effective date, ective date is listed, lays after the date of REQUIRED SIGNA  Sign  (In a of the content of	if other than the dat the date must be sp f filing.)  TURE:  Advature of a member or accordance with section at the facts stated herein	an authorized repre	be more than  Statutes, the exect the penalties of	nember.

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