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(Requestor's Name)				
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Special Instructions to Filing Officer:				

Office Use Only

EFFECTIVE DATE 12/31/09



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SECRETARY OF STATE
TALLAHASSEE, FLORIE

D. BRUCE

JAN 08 2009

EXAMINER

COVER LETTER

Division of Co					
SUBJECT:		S LLC			
	(Name of Limited	d Liability Company)			
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
	Kimb	erly Jackson			
	(1	Name of Person)	· · · · ·		
		P. (0			
		Firm/Company)			
	110	Dune Lane		==	
		(Address)		SEC SEC	. 60
		a, Fl 32927		RET/	MA
	(City	/State and Zip Code)	•	SE!	-7
For further information	concerning this matter, please	call:		OF SI	7 PH 1:
Kim	Jackson	at (321) 323-40	11	RIF	8
(Nam	e of Person)	(Area Code & Daytime Tel	ephone Number)		
Enclosed is a check f	or the following amount:				
\$125.00 Filing Fee	25.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		Status		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	mpany is:	
	SLLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
110 Dune Lane	110 Dune Lane	
Cocoa. Fl 32927	Cocoa, Fl 32927	
The name and the Florida street addre	ss of the registered agent are:	D9 JAN - ECRETAL LLAHAS
	Name	E SE Y
1.	10 Dune Lane	7° ≥ m
Flori	da street address (P.O. Box NOT acceptable)	
	Cocoa _{FL}	2m 8
	City, State, and Zip	
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and co	ent and to accept service of process for the a gnated in this certificate, I hereby accept the his capacity. I further agree to comply with omplete performance of my duties, and I am ion as registered agent as provided for in Cl	e appointment as the provisions of all familiar with and
Registered As	vent's Signature (REOURED)	

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 23109

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Kimberly Jackson 110 Dune Lane Cocoa, Fl 32927 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

Filing Fees:

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

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

\$ 5.00 Certificate of Status (Optional)