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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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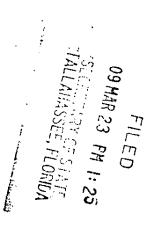
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EXAMINER



CORPORATE ACCESS, INC.

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SPECIA	AL INSTRUCTIONS:	·		

ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITED LIABILITY C	OMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	s: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19 KILE
SOBER BUDDY, LLC	•	360 A
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the I	principal office of the Limited Liability C	ompany s
Principal Office Address:	Mailing Address:	A. C.
3565 Piedmont Road Building One, Suite 530	Same as Principal Office Add	lress —
Atlanta, Georgia 30305		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
PARACORP INCOF	RPORATED	

Name

236 EAST 6TH AVENUE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE,

_{FL} 32303

City, State, 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..

(see	attached)
Designation of Asserta	Di (DROUBERD)
Registered Agent's	Signature (REQUIRED)

(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	Name and Address:
"MGRM" = Managing Member	
Steven J. Franco, MGR	3565 Piedmont Road Building One, Suite 530 Atlanta, GA 30305
Wesley S. DeFoor, MGR	97 · 13
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days
g-,	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	MnA
Signature of a member	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

3-20-2009

ENTITY NAME:

SOBER BUDDY, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated