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SECRETARY OF STATE

D. BRUCE APR 1 5 2009 EXAMINER

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	LAUNCHING IN THE DEST, LLC (Name of Limited Liability Company)	
The enclosed Art	ticles of Organization and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	CYNTHAV, CANN ADY (Name of Person)	
	LAUNCHING IN THE DEEP, LLC (Firm/Company)	
	P.G. BOX 16111	
	P.O. BOX 1611 (Address) ALACHUA, FL. 32616	7
	(City/State and Zip Code)	F
For further inform	nation concerning this matter, please call:	Т
CYNTH	(Name of Person) at (386) 462-1024 8 8 (Area Code & Daytime Telephone Number) 352-226-9490 (200	
Enclosed is a ch	neck for the following amount:	
\$125.00 Filing	Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAUNCHING IN THE (Must end with the words "Limited Liability)	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13733 NW 15874 AVE ALACHUA, PL 32615	PO. BOX [CII ACACHUA, FL 3266
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
<u>CYNTHA.V. CANA</u>	VANY SEE T
Name	ASSI
13733 Nu	ress (P.O. Box NOT acceptable)
Al ACILIA	21015
City, state, an	12
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:
PRESIDENT	MS. CYNTHIA CAHNANT 13733 NW 15874 AVE ALACHUA, FL. 32GIS
VICE PNES	LARRY CANHADY 13733 NW 158 THAVE ALACHUA, FL 32615
BUSINESS MANAGEA	LANDON CANNADY 13733 NW 158 HAVE ALACHUA, FL 32615
(Use attachment if necessary)	

(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:

Signature of a member or 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.)

(NTHAV. CANNANY
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)
- \$ 5.00 Certificate of Status (Optional)