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COVER LETTER

	gistration vision of (Section Corporations		
SUBJECT:	·	Ustler Group Name of Limi	o, LLC ted Liability Company	
The enclosed	d Articles	of Organization and fee(s) are	submitted for filing.	2009 t
Please return	n all corre	spondence concerning this mat	tter to the following:	AHA .
		Cro	UStler Vame of Person	2009 MAY -8 PM 3: 31 2009 MAY -8 PM 3: 31 TALLAHASSEE, FLORIT
		Ustle-	Olvelopment, Inc.	3: 31 STATE LORIDA
	· · · · · · · · · · · · · · · · · · ·	801 North Or	Orge Avenue, Swite 5	30
			rdo Florida 32801 ty/State and Zip Code	
		E-mail address: (to be used	ole @ USHer. net for future annual report notification)	
For further in	nformatio	n concerning this matter, pleas		
	Craig	USHe/ e of Person	at (<u>407</u>) <u>839 – 109</u> Area Code & Daytime Telep	70 hone Number
Enclosed is	a check	for the following amount:		
(\$125.00 Fi	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	2009	
Must end with the words "Limited Liability Con		影子一
(Must end with the words "Limited Liability Con	pany," "L.L.C.," or "LLC.")	SER &
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited	Liability Company is:
The maning address and shoot address of the principe	ir office of the Emilieu	Ser Commission
Principal Office Address: Ma	ling Address:	P
Soute 530 Orlando Flerida 32801 Orlando Flerida 32801	1 Norm Orange	Avenue
Orlando Flerida 32801 Or	lando, Flerida 3	2801
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentius business entity with an active Florida registration.) The name and the Florida street address of the register	ent. You must designate an in-	
A	tod agont aro.	
80\ Norw\ Oncos Florida street address (P.O. Box N	Avenue Suit 530 OT acceptable)	
Orlando, FL City, State, and Zip	32801	
City, State, and Zip		
Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered	tificate, I hereby accept rther agree to comply w ince of my duties, and I	t the appointment as with the provisions of all am familiar with and
Cu-		
Registered Agent's Signature (RI	EQUIRED)	

(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" = Manaş "MGRM" = Mar		Name and Address:			
	MGRM		Craig Ustle- Bol North Orange Avenue Dilance Florida 32801	, Suite &	5 3 0	
	<u>, MGRM</u>		F. Thomas Ustler 801 North Oronge Avenue Orlando, Flenda 32801			
				SEURITHRY (· -	
	(Use attachment	if necessary)		PH 3: 31 CF STATE EFLORIDA	- 7	
If an		ted, the date must be sp	e of filing: ecific and cannot be more than five b			
	REQUIRED SIG	GNATURE:				
		Cu				
		•				
	(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.)					
		Cro	or printed name of signee			
	Filing Fees:		or printed name of signee			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)