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SECRETARY OF STATE
TALL AHASSEE

D. BRUCE
MAY 1 9 2009
EXAMINER

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Name of Limited L	ENCE LLC	
	Name of Limited L	iability Company	
The enclosed Articles of	f Organization and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	_	-	
	JASM	INE CHIU	
	Na	me of Person	
		10	1
	t·ir	m/Company	
ואכו	NW 53rd St, co	OAL SPENIES DE	<del>22</del> 076
<u> DY IX</u>	NN JIIW	Address	
	CORAL SPRINGS City/St	, FL 33076	<b></b>
	City/St	ate and Zip Code	A
	JASMINENG @ H	oTMAIL. com uture annual report notification)	O9 MA
	E-mail address: (to be used for fi	iture annual report notification)	MY 18 PHI2: 31 WASSEE, FLORE One Number
For further information	concerning this matter, please cal	11:	SEX & L
			### <b>## 17</b>
TASMINE	E CHIU at of Person	( 354) 255-86	22 SS 5 C
Name	of Person	Area Code & Daytime Telepho	one Number $\frac{\omega}{m}$
			<b>1</b> 0
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee & \$\int\$\$	3160.00 Filing Fee,
	Certificate of Status	Certified Copy (	Certificate of Status &
		` '	Certified Copy
		(	(additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Mailing Address Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	nle.

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabil	(CELLENCE LLC ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12472 NW 53rd A CORAL SPRINGS, The 33076	12472 NW 53rd st CORAL SPRINGS, FL 33076
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	<del>-</del>
TASMINE Name	CHIU
Name	25 00 00 00 00 00 00 00 00 00 00 00 00 00
IZY72 NW S Florida street address (P.O.	Box NOT acceptable)
CORAL SPRINGS City, State, as	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
a/	
Registered Agent's Signat	ure (REOLURED)
	and (magamab)
•	

EFFECTIVE DATE 5/18/09

#### 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:

		Name and Address:
"MGR" = Manag		
"MGRM" = Mar	naging Member	
MGR		TAXMINE CHILL
MUA	<del></del>	12622 ALL FRA St
		CORAL SPRINGS FL 33-76
		WAYE STRINGS , IC STRING
MGRM		GORDON CHIU
	<del></del>	12472 AIGH 53NG ST
		CORAL SPRINGS, FL 33-76
		•
	- <del></del>	
		and the state of t
	<u> </u>	
(Llca attachment	if nagaggamy)	
		late of filing: 5/18/09 (OPTIONA
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(Use attachment LE V: Effective ffective date is list days after the details)	date, if other than the d	late of filing: (OPTIONA specific and cannot be more than five business day
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