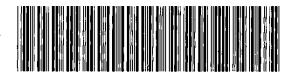
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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special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



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BETWELVE OF STATE ONVISION OF CORPORATIONS TREGAMASSEE FLORIDA

RECEIVED

EFFECTIVE DATE G 1 U9

B. KOHR

JUN - 5 2009

EXAMINER

SOMETHAN OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------------|--|
| SUBJE | Name of Limited Liability Company |
| The en | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | return all correspondence concerning this matter to the following: Name of Person Name of Person |
| - | Ton Pros EFFECTIVE DATE 6 (18 |
| | 2409 Land Drive |
| - | Talahassel FL 32303 City/State and Zip Code |
| - | E-mail address: (to be used for future annual report notification) |
| For furt | ther information concerning this matter, please call: |
| Er | Name of Person Area Code & Daytime Telephone Number |
| Enclos | ed is a check for the following amount: |
|] \$125. | 00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\int \text{\$160.00 Filing Fee, 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:

| (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") | | | | |
|--|--|--|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is | | | | |
| Principal Office Address: Mailing Address: | | | | |
| 2409 Langell Drive 2409 Langell Drive Tallahasser, FL 32303 Tallahasser, FL 32303 | | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) EFFECTIVE DATE 0 1 0 9 | | | | |
| The name and the Florida street address of the registered agent are: Emest E. Reaumont Name | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Talahasca, FL 22307 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..

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:

| Title: "MGR" = Manager | Name and Address: | | | |
|--|--|--|--|--|
| "MGRM" = Managing Member | Ernest E. Reamont 2409 Lanell Drive Talkhassee, FL 32303 | | | |
| | | | | |
| | | | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than 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.) | | | | |
| Type Filing Fees: | d 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)