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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

309A-19362

# **COVER LETTER**

TO:	Registration Division of C					
SUBJI	ECT:		FPI	И, LL(	C.	
		Name of Limi	ted Liab	ility Con	npany	
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ling.	
Please	return all corres	spondence concerning this man	ter to th	e follow	ing:	
				M Price	<u> </u>	
			Name	of Person		
				, LLC.	<u> </u>	
			Firm/C	Company		
		23	317 SE	12th	St	
			Ad	dress		
		Pompa	no Be	ach, Fl	L 33062	
		Ci	ty/State a	nd Zip C	ode	
		millie. E-mail address: (to be used	price@	Ocomo	ast.net	on)
For fur	ther information	concerning this matter, pleas				,
	Edi	na M Price	_ at (			654-8713
	Name	e of Person		Area Co	ode & Daytime	Telephone Number
Enclos	sed is a check :	for the following amount:				
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified (	ling Fee & Copy opy 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		Registr Division Cliftor 2661 F	Courier Addration Section on of Corporate Building Executive Centers Section 233	ions er Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		M, LLC.			
(M	ust end with the words "Limi	ited Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Ac	ldress:				
The mailing addres	ss and street address of	of the principal office of the Limited Lia	ability Co	mpan	y is:
Principal Office A	Address:	Mailing Address:			
2317 SE 12th St		2317 SE 12th St			
<u>Pompano Beach</u>	, FL 33062	Pompano Beach, FL 33062	2		
<del></del>		dna M Price	ECRETARY OF LLAHASSEE FI	8-NUL 60	
		Name	E 0	<b>P</b> H	9
	· · · · · · · · · · · · · · · · · · ·	17 SE 12th St	STATE	2:46	Care
	Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	317	5	
	Pompano Bea		_		
	City	, State, and Zip			
liability compa registered agent a	ny at the place designo nd agree to act in this	and to accept service of process for the cated in this certificate, I hereby accept the capacity. I further agree to comply with plete performance of my duties, and I an	e appointn the provis	nent a sions d	is of all

(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:

"MGRM" = Mana	ging Member	
	-	
MGR	<del></del>	Edna M Price
		2317 SE 12th St
		Pompano Beach, FL 33062
	<del>_</del>	
	•	<del></del>
	_	
		<del></del>
	_	
	- 7	Lung 6, 2000 CORTION
	ate, if other than the	date of filing: June 6, 2009 (OPTIONAL) e specific and cannot be more than five business day
LE V: Effective da	ate, if other than the ed, the date must be e of filing.)	
LE V: Effective date is listed days after the date REQUIRED SIG	ate, if other than the ed, the date must be e of filing.)  NATURE:	e specific and cannot be more than five business day
LE V: Effective da ffective date is liste days after the dat  REQUIRED SIG	nte, if other than the ed, the date must be e of filing.)  NATURE:  Signature of a member (In accordance with seconds)	er or an authorized representative of a member.
LE V: Effective da ffective date is liste days after the dat  REQUIRED SIG	nte, if other than the ed, the date must be e of filing.)  NATURE:  Signature of a member (In accordance with seconds)	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effective da ffective date is liste days after the dat  REQUIRED SIG	nte, if other than the ed, the date must be e of filing.)  NATURE:  Signature of a member of this document construction.	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
LE V: Effective da fective date is liste days after the dat REQUIRED SIG	nte, if other than the ed, the date must be e of filing.)  NATURE:  Signature of a member of this document constitute the facts stated here	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)  Edna M Price  red or printed name of signee
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LE V: Effective da fective date is listed days after the dat REQUIRED SIG  Filing Fees: \$125.00 Filing Fe of Regist \$ 30.00 Certified	nte, if other than the ed, the date must be e of filing.)  NATURE:  Signature of a member of this document constitute the facts stated here.  Ty  e for Articles of Organizered Agent	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)  Edna M Price  red or printed name of signee  enization and Designation