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(Re	equestor's Name)			
(Address)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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B. KOHR
AUG = 7 2009

EXAMINER

# **COVER LETTER**

TO: Registration Se Division of Cor			<u> </u>	1.5.7
SUBJECT: Dec	ye Day Do	Icore and Training Liability Company	o Facility	j, etj
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	ALL DANS CO.	
Please return all correspo	ndence concerning this matt	er to the following:	A CONTRACTOR	6
٢	esli Michelle	McLoughlin	TRONG TO	
		Name of Person	ONE	نو
			<b></b>	
		Firm/Company		
<u> </u>	EJ. String	er Road	•	
•		Address		
<u>C</u>	confordulle, F	- C 3 3 3 3 3 7 1/State and Zip Code		
<u>Sm</u>	_ 1	Yahoo. Com or future annual report notification)		
For further information co	oncerning this matter, please	call:		
Lesli Michel Name of	le McLaughlin Person	at ( <u>850</u> ) <u>320- a</u> Area Code & Daytime Telep	hone Number	
Enclosed is a check for	the following amount:			
\$125.00 Filing 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	rcle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	H Liability Company," "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
100 EJ. Stringer Road Crowforduille, Fl 32327	100 EJ Stringer Rocal Crowfordulk, FL 32827
	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

J. Stringer Road Florida street address (P.O. Box NOT acceptable)

Crawforduille City, State, and Zip

Having been named as registered agent and to accept service of process for the above Hated 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..

(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	Name and Address:
"MGRM" = Managing Member	
MGRM	Lest: Michelle McLoughlin 100 EJ. Stringer Road Crowfordulle, PL 32327
MGRM	Janet McLaughlin 11353 Bucklake Rd Tallahassee, FL 32317
(Use attachment if necessary)	
RTICLE V: Effective date, if other than a fan effective date is listed, the date mus or 90 days after the date of filing.)	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days price
REQUIRED SIGNATURE:	,
Lesli Me	hell Mayle
Signature of a when	nber or an agthorized representative of a member.
(In accordance with of this document of that the facts stated	section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury herein are true.)
Lesli Mich	Typed or printed pame of signee
Filing Fees:	Typed or printed name of signee
6125.00 EU - E - 6 - 4 4 1 - 60	

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

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