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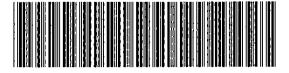
estor's Name)			
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☐ WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certificates	s of Status		
Special Instructions to Filing Officer:			
	ess) Estate/Zip/Phone WAIT ess Entity Nar ment Number) Certificates		

Office Use Only

G. MCLEOD

SEP 15 2009

EXAMINER



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TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTMENT OF STATE
DIVISION OF CONPORATIONS

OP SEP 15 MM 8: 37
SECRETARY OF SIMIE.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: C	Mame of Limi	ted Liability Company	ces LLC
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Heni	ryEConn	Ser J.R. Name of Person	
- 		Firm/Company	
90 h	arvey p	Hman	
	forduille.	Address Pla 397 Ty/State and Zip Code	326
	E-mail address: (to be used	for future annual report notification)	
For further information of	concerning this matter, pleas	e call:	
Name o	of Person	at () Area Code & Daytime Tele	phone Number
Part 4 in - 1 1 - 6			
	r the following amount:		_
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	[\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	ircle
	•		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Compainting (Must end with the words "Limited Limblist	Services LLC." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
90 harvey pittman Crafordville 1919	Crawforduille fla
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Alength Alength Name O Horvey Florida street address (P.O. I	gistered agent are: Der JR AHARY SEP JARY SINCE SEP JARY
City, State, and Having been named as registered agent and to a	d Zip ccept service of process for the above stated limited

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.

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managing Member	Name and Address:
MGRIVI = Managing Member	Henry Elanner JR 90 horvey pittman Crownard ville fla
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)
Hewry Lon Typed Filing Fees:	or printed name of signee
rining rees.	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)