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TALLAHASSEE, FLORIDA

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EXAMINER

# **COVER LETTER**

то:	Registration Section , Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
-	Brian Desilets Name of Person
-	Firm/Company
-	G303 Rivers Landing CT
_	Tallahassee FC 32303 City/State and Zip Code
_	Jesse Desikto Hotmail. Com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Br	Name of Person at (SSO) 273-1314  Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must end with the words "Limited Dability Company," "L.L.C.," or "LLC.")	
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:	

**ARTICLE I - Name:** 

ARTICLE II - Audress:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
G303 Rivers Landing CT Tollahassec FL	<u>seme</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Brian Desile	<u> </u>
Name	
6303 Rivers L	anding CT  Box NOT adentable)

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)

City, State, and Zip

(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:

The flame and address of each Manager	of Managing Member is as follows.
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Boilon Desilets 6303 Rivers Landing CT Tallahassec F2 3303
· 	
······································	
(Use attachment if necessary)	te of filing: 9/16/09 . (OPTIONAL)
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be specified or 90 days after the date of filing.)	pecific and cannot be more than five business days prior
<b>REQUIRED SIGNATURE:</b>	
Signature of a member of	an authorized representative of a member.
of this document constitut that the facts stated herein	_ <u>-</u>
Brian D	or printed name of signee
Filing Fees:	or printed name of signee
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional)	ntion and Designation
\$ 5.00 Certificate of Status (Optional)	