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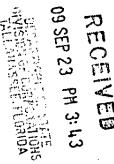
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SEP 23 2009
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Keen-Do	llar	Enf	erprises
3775,			

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SECRETARY OF STATE A

			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
	•		Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signatura		Fictitious Owner Search	
Signature			Vehicle Search
Requested by: $5H$ $4/12$ 3600		Driving Record	
	11 4/12	3100	UCC 1 or 3 File
\mathcal{L}	in 170	000	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up)	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:
	erprises 3775, LLC Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5651 NW 38 Terrace Coconut Creek, FL 33073	5651 NW 38 Terrace Coconut Creek, EL 33073
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
Rober	rt J. Dollar Ş₩ 📆
N	rt J. Dollar CRETARY AHASSE AN 38 Formers
5651 NV	v so Terrace
Florida street address ((P.O. Box NOT acceptable)
Coconut Cre	eek, FL 33073
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as the complet accept the obligations of my position as the complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and 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 "MGRM" = Managing Member	Name and Address:
MGR	Robert J Dollar 112 Tequesta Street Tavernier, FL 33070
	SE SAL
	SEP 23 PM GRETARY OF ANASSEE
(Use attachment if necessary)	FRORIDA FRORIDA
RTICLE V: Effective date, if other than the figure of the date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Roffelle
(In accordance with s	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury acrein are true.)
Filing Fees:	Robert J Dollar Typed 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)