(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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D. BRUCE OCT 14 2009 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: <u>EARTH 2009</u> , L Name of Limited Liabi	L C lity Company	
The enc	closed Articles of Organization and fee(s) are submitted	ed for filing.	
Please r	return all correspondence concerning this matter to the		
-	CARL LAYMAN	<u> </u>	
-	EARTH 2009 LLC		
-	3850 VICKERS LA	KE DRIVE	122 T
-	JACKSONVILLE City/State as		177 th 177
-	C LAYMAN 3 Q Al E-mail address: (to be used for future	annual report notification)	P
For furt	her information concerning this matter, please call:		
CAL	Name of Person at (Area Code & Daytime Telep	2184 hone Number
Enclose	ed is a check for the following amount:		
] \$125.0		5.00 Filing Fee & rtified Copy ditional 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

ARTICLE I - Name:
The name of the Limited Liability Company is:
EARTH 2009 LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
The maning address and succe address of the principal office of the Emilied Elaonity Company is.
Principal Office Address: Mailing Address:
3850 VICKERS LAKE DR 3850 VICKERS LAKE DR JACKSON VILLE FL 32224
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
CARL M. LAYMAN ST 3
3850 VICKERS LAKE DR SE STOR
A
JACKSON VILLE FL 32224 City, State, and Zip

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

(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:

"MGR" = Mana "MGRM" = Ma	_	Name and Address:
MGRM		CARL M. LAYMAN 3850 VICKERS HAKE DR JACKSON VILLE FL 32224
	_	
(Use attachment	if necessary)	
ICLE V: Effectivent of the first of the firs	sted, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
DEQUIDED C	GNATURE:	A A B C
<u>REQUIRED</u> SI	Signature of a member	r or an authorized representative of a member
<u>KEOUIKED</u> SI	(In accordance with sec	r or an authorized representative of a member. stion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)
REQUIRED SI	(In accordance with sec of this document const that the facts stated her CARL	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury