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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Liam Tiernel LLC Name of Limited Liability Company
The en	sclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Liam Thomas Tierney
	Name of Person
	Firm/Company
	2301 Lois Lane
,	Tallahassee, FLorida 32301 City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
or fur	ther information concerning this matter, please call:
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0 \	00 Filing Fee \$\Bigcup \$\\$130.00 Filing Fee & \Bigcup \$\\$155.00 Filing Fee & \Bigcup \$\\$160.00 Filing Fee, \text{Certified Copy} & \text{(additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Liam Tierney (Must end with the words "Limited Labil	in the second
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liab
Principal Office Address:	Mailing Address:
2301 Lois Lane	2301 Lois Care
Tallahassee PL 32301	Tallahassee FC
ARTICLE III - Registered Agent, Registered	Office & Desistared Agent's Signatures
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Llam Tierr	ley with
Name	
2301 Lois	Lane
Florida street address (P.O.	Box NOT acceptable)
tallaharcee	r 2030)

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 (REOVIRED)

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:

Title: "MGR" = Manager "MGRN" = Manager	Name and Address:
"MGRM" = Managing Member	Liam Tyerney 2301 Lois Lawe Tallahassee, FL. 32301
 ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: 1,1,10. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	The an authorized representative of a member.
(In accordance with see of this document cons that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Filing Fees:	ped or printed name of signce

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

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