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N. Collegen DEC 3 0 2009

COVER LETTER

то:	Registration S Division of Co					
SUBJI	ECT:		Trac	t F, Ll	_C	
		Name of Limit	ted Liab	oility Con	npany	
The en	closed Articles o	f Organization and fee(s) are	submit	ted for fil	ing.	
Please	return all corresp	oondence concerning this mat	iter to th	ne followi	ng:	
		G		A. Farbe	er	
			Name	of Person		
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			Firm/C	Company		
		30200 Tele	graph	Road,	Suite 440)
			Ad	dress		
					48025	
			•	and Zip Co		
-		E-mail address: (to be used	ber10 for futur	15@aol e annual re	.COM eport notificati	on)
For fur	ther information	concerning this matter, pleas	e call:			
		A. Farber	_ at (_	248	_)	642-6875 Telephone Number
	Name	of Person		Area Co	ode & Daytime	e Telephone Number
Enclos	ed is a check fo	or the following amount:				
[]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	C	ertified C	ling Fee & Copy opy 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		Registr Division Clifton 2661 E	Courier Add ation Section on of Corpora Building executive Cer assee, FL 323	ntions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	F, 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	he principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
2922 S.E 28th Street	2922 S. E. 28th Street	
Okeechobee, Florida 34974	Okeechobee, Florida_3	4974
	Registered Agent. You must designate an in	DEC 29 AM II: 35 AHASSEE. FLORIDA
Florida street address	DA SI	
Okeechobee, FL 34 City, St	974 _{FL} ate, and Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d in this certificate, I hereby acceptoacity. I further agree to comply vete performance of my duties, and	ot the appointment as with the provisions of all I am familiar with and

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Pottie Berta Nomble
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:

<u>Title:</u> "MGR" = Manager		Name and Address:	
"MGRM" = Manage			
MGRM		Thomas Kingman	
	-	60 Red Brook Harbor Road	<u> </u>
		Pocasset, MA 02559-0942	
			.
	-		
	-		
(Use attachment if	te, if other than the d	ate of filing:	(OPTIONAL)
LE V: Effective da	te, if other than the date must be so of filing.)	ate of filing:specific and cannot be more than	(OPTIONAL) n five business days pr
LE V: Effective da ffective date is listed days after the date <u>REQUIRED</u> SIGN	te, if other than the date must be so of filing.) NATURE:	specific and cannot be more than	ı five business days pr
CLE V: Effective data ffective date is listed days after the date REQUIRED SIGN	te, if other than the del, the date must be se of filing.) NATURE: ignature of a member of a decordance with section of this document constitution.	or an authorized representative of a nature of a natur	n five business days pro-
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