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J. BRYAN

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EXAMINER

COVER LETTER

TO:	Registration So Division of Co			
SUBJ	ECT: AU LC	exted Up LLC	r	
		Name of Limit	ed Liability Company	
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	e return all correspo	endence concerning this mat	ter to the following:	78 TO 14
	Michael L	ee Sadler .		
			Name of Person	SSEE.
			Firm/Company	
	982 Concor	od Balinbridge Ro	d	26 RIDA
		9	Address	
	Havana, FL	32333 Cit	y/State and Zip Code	
	727331097	O Tmo. Blackberg E-mail address: (to be used f	orduture annual report notification	
For fur	rther information co	oncerning this matter, please	e call:	
Mich	nael Lee Sc Name of		at (<u>727</u>) <u>331 - O</u> Area Code & Daytime Te	970
Enclos	sed is a check for	the following amount:		
* 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporatio	_

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Locked Up LLC (Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
982 Concord Bainbridge Rd	P.O. Box 3744	
Havana, FL 32333	Tallahassee, FL 32315	
The name and the Florida street address of the Michael Lee Sadde Name 982 Concord Beinbric Florida street address (P.C. Hayana City, State,	A SEE OF BE SEE	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limite this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with ana gistered agent as provided for in Chapter 608, F.S	all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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		Name and Address:
MGRM = ME	anaging Member	
MGRM		Michael Lee Sodler
		982 Concord Prinbridge Ld
		Havana, FL 32333
MGRM		* Christine Rose-Marie Sadler
	 _	34 Caches Lane
		Crawfordville, EL 32327
		
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fective date is li days after the o	date of filing.)	be specific and cannot be more than five business days
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fective date is li days after the o	IGNATURE: Manual Manua	er or an authorized representative of a member.
fective date is li days after the c	IGNATURE: Signature of a memb (In accordance with see of this document cons	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of periur
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