L'10000012080

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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M LICK-OF MAYII MINIE		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
EXCELLING HAIV (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9103NW 171ST Lane HIALI LAKES FL 33018	SAHE
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the report of the People Name	A LLANES E -
Florida street address (P.O. E	71 ST Lane

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)

City, State, and Zip

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" = Managing Member M6R	PEDRO A. LLANES 9103 NW IVI ST Lane HIGH LAKES FL 38018
·	2010 FEB - 1 PH
	PH 4: 25
(Use attachment if necessary)	(OPTIONIAL)
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:	du Slaws
Signature of a member or	an authorized representative of a member.
of this document constitute that the facts stated herein	RO. A. LLANES
Typed Filing Fees:	or printed name of signee
\$125.00 Filing Fee for Articles of Organiza	ntion and Designation

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