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Certified Copies	Certificates of Status
	

Special Instructions to Filing Officer:

L. SELLERS

FEB - 5.2010

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TO:	Registration So Division of Co				
SUBJI		ole Cherpak	LLC		
SOBJE	ici:		ed Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Ce	ole Cherpak	Name of Person		
	Name of Person				
			Firm/Company		
	2121	Acendall way	,		
	<u> </u>	71.010CH 00 17	Address		
	Tollala	Florida	Address BQ308		
	_ / Wilang	See Proriot	y/State and Zip Code		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cole Cherpak at 850 294-5514 Name of Person Area Code & Daytime Telephone Number					
		of Person	Area Code & Daytime Telep	hone Number	
		or the following amount:			
\$125	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 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 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 1 - Name:
The name of the Limited Liability Company is:
Cole Cherpak 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
Principal Office Address: Mailing Address:
2121 Arendell way, Tallahassee, 2121 Arendeil Way FL. 32308 Tallahassee, FL. 32308
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:
Cole Cherpak Name
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
Tallahassee FL 32308 City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.
Cal Chysic
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) <u>ه</u>او Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)