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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

APR 1-2 2009

EXAMINER

COVER LETTER

	tion Section of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Benjamin Gla Bishop Name of Person Fig. 3
	Firm/Company
	539 Seven Bridges Road
	Address
	Monticello FL 32344 City/State and Zip Code benjaming lenbishop @ gmail: (com E-mail address: (to be used for future annual report notification)
·	City/State and Zip Code
	Denjaming lenbishop a gmail (Com
Eas fustbas in form	ation concerning this matter, please call:
\supset	Hen Rishop at 850, 508-4536
1	Name of Person Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:
■\$125.00 Filing l	Gee U\$130.00 Filing Fee & U\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company is)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Monfiello FL. 32344	539 Seven Bridges Road Monticello FL. 32344
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re- Elizabeth P. I Name	
539 Seven Bridge Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Monticullo City, Sta	FL 32344 Ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	chis certificate, I hereby accept the appointment as in the certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all informance of my duties, and I am familiar with and intered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGR Vialiaging Member	Benjamin Glan Bishop ma
	Montracllo FL. 323441
MGKM	Elizabeth P. Bishop 535 Seven Bridges Food
	Monticello FL. 32344
Ise attachment if necessary)	
Use attachment if necessary) EV: Effective date, if other than the	date of filing: April 13, 2010 COPTIONA
EV: Effective date, if other than the ective date is listed, the date must b	e date of filing: April 13, 2010 (OPTIONAle specific and cannot be more than five business days
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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)