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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

MAY 20 2010

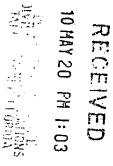
EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT:	Ember. Repo	ed Liability Company	ofenance-LLC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
	Marjah Rus	Name of Person	
	Ember LLC		
		Firm/Company	2 5
	2032 500	Address	
	Te. 1/a hasses	y/State and Zip Code	SSECTION
	E-mail address: (to be used	for future annual report notification	2 g. Mail Com
For further information	concerning this matter, please	e call:	, , , , , , , , , , , , , , , , , , ,
Mana h	Oslana J of Person	at (850) 59 / S	837/ hone Number
Enclosed is a check for	or 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LIL.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

ARTICLE I - Name:

2032 Summer Lane 2032 Summer Lane Tallahassee FL, 32305 Tallahassee FL 32305	
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:	
Mariah Kushinal Name Signatura	ALCOHOL:
Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32305	j
City, State, and Zip	

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)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager		Name and Address:	
"MGRM" = Manag	ging Member		
MCRM	_	Masiah Rushina!	
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(Use attachment if	necessary)		
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\$125.00 Filing Fee for Articles of Organization and Designation

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