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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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EXAMINER

COVER LETTER

| Division of C | | |
|------------------------------|---|--|
| SUBJECT: | Enjay Acti | ed Liability Company |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. |
| Please return all corres | pondence concerning this mat | ter to the following: |
| | John | Godina Tr. Name of Person |
| | | Firm/Company |
| | 133 Ben | Dexter Rd PS = |
| <u> </u> | Topsham | Dexter Rd Address Vt. 05076 VState and Zip Code |
| | nancyan E-mail address: (to be used | d John 1209 @ C.S. Comer for future annual report notification) |
| For further information | concerning this matter, please | e call: |
| John Name | Godina | at (<u>802</u>) <u>439 - 62 / 4</u> Area Code & Daytime Telephone Number |
| Enclosed is a check f | or the following amount: | |
| ≰ \$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | 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 Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company | is: |
| Enjay Acti | vities LLC. inhility Company, "LLC." or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Melling Address: |
| 3233 Sonset Kay Circle Punta Gorda , Fl. 33955 | 3293 Sunset Key Circle Punta Gordo FI |
| | red Office, & Registered Agent's Signature: |
| The name and the Florida street address of the | ne registered agent are: |
| Nancy E. | Godina |
| 3233 Sunset Florida street | Key Circle address (P.O. Box NOT acceptable) |
| Avnta Gorda | FL 33955 State, and Zip |
| | to accept service of process for the above stated limited |

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

(CONTINUED)

Page 1 of 2

| John M. God 3233 Sunset Ke Punta Gorda, Fl | SECORE TALLAH |
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| costrave a authorized representative of a mem | ber. |
| 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjecture.) | on jury |
| | authorized representative of a mem |

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)