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2010 NOV -9 PM 3: 58

J. SAULSBERRY EXAMINER NOV 1 0 2010

SimpleFilings

4049 Pennsylvania Ave. Suite 100 Kansas City, MO 64111 Email: LLCInc@SimpleFilings.com Fax: 866-687-7779 / Phone: 866-659-5241

Greetings,

Enclosed is an LLC application. We have enclosed the filing fee, the application, and a self-addressed stamped envelope. Please return confirmation to us in the self-addressed stamped envelope so that we may retain a copy in our customer's file and forward one on to our customer. Please feel free to call us at 866-659-5241 with any questions you may have.

Sincerely,

SimpleFilings.com/LLCInc

2010 HOY -9 PH 3: 56

U

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ccr. A1 Partner Holdings L	LC		
CODOL		ted Liability Company		
The en	closed Articles of Organization and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this man	tter to the following:		
	Rebecca Worden			
		Name of Person		
	SimpleFilings.com		2010 NOV -97	
		Firm/Company	ġ.	
	4049 Pennsylvania Ave St	e 100	12	_ M
		Address	F 9 - 2	
	Kansas City, MO 64111		ं एँ	
		ty/State and Zip Code		
	llcinc@simplefilings.com			
-	E-mail address: (to be used	for future annual report notification)		
For fur	ther information concerning this matter, pleas	se call:		
Craig	g Goodman	at (315) 416-8584		
	Name of Person	Area Code & Daytime Telep	hone Number	
Enclos	ed is a check for the following amount:			
\$125.00	Filing Fee \$\sum \$130.00 \text{ 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 enclo	
	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	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		2010	
A1 Partner Holdings LLC		2010 NOV -9	TILED
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	<u>₹!</u> 5 *	TTI
ARTICLE II - Address:		Pi	
The mailing address and street address of the prin	ncipal office of the Limited L	iability Compai	ny is:
Principal Office Address:	Mailing Address:	(III) (II) (II) (II) (II) (II) (II) (II	
412 Seabreeze Blvd	412 Seabreeze Blvd		
Daytona Beach, FL 32118	Daytona Beach, FL 32118		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)			
The name and the Florida street address of the re	gistered agent are:	75 28	
Craig Goodman Jr		ZDIO NOV	
Name		2	1
412 Seabreeze Bl	88 - 6 15 - 6		
Florida street addr	ess (P.O. Box NOT acceptable)	73	E
Daytona Beach	_{FL} 32118		7
City, Stat	e, and Zip	Sup. 22	
Having been named as notistaned about and to a	name namica of museaux for the	ahovo statad li-	mitad

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member MGRM Craig Goodman Jr 412 Seabreeze Blvd Daytona Beach, FL 32118 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	Title:	Name and Address:	
Craig Goodman Jr 412 Seabreeze Blvd Daytona Beach, FL 32118 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL iffective date is listed, the date must be specific and cannot be more than five business days 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document to constitutes an affirmation under the penalties of perjury that the facts stated hereingare truen I am aware that any false information submitted in a document to the Departmentool State Constitutes as third degree felony as provided for in s.817.155, F.S.) Craig L Goodman Jr Typed or printed name of signee	"MGR" = Manager		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: General 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 or lam aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.) Craig L Goodman Jr Typed or printed name of signee	"MGRM" = Managing Member		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: General 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 or lam aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.) Craig L Goodman Jr Typed or printed name of signee	MGRM	Craig Goodman Jr	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:		Daytona Beach, FL 32118	_
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)