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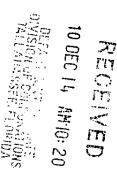
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE
ALLAMASSEE, FLORID

J. BRYAN

DEC 14 2010

**EXAMINER** 

. 0 N 0 N L Y

15-10-5010

1040G Maritza CORPORATION(S) NAME

DUP) (	JROUP	CONSUIT	ina luc
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<del></del>	. <u> </u>		
( ) Profit			
( ) NonProfit	(	) Amendment	( ) Merger
( ) Foreign	<u> </u>	) Dissolution	( ) Mark
( ) Limited Partnership	(	) Annual Report	Other L
( ) Reinstatement	(	) Reservation	Change of Registered Agent
( ) Certified Copy	(	) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready	(	) Call If Problem	( ) After 4:30
Walk in	( ) Will Wait	(L()) Pici	CUp ( ) Mall Out
Name	<del></del>		
Availability			
Document Examinar	}		
Updater			

CR2E031 (R8-85)

Verifier

Acknowledgment

W.P. Varifier

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY ÇOMBÂNY.
ARTICLE I - Name: The name of the Limited Liability Company is:	TO THE PASSED IN
(Mus) end with the words "Limited Liability	HM, LLL y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri-	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4279 POSWELL ROAD, # 102-208	4279 ROSWELL ROAD # 102-208

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:

2670 NG 215th Street

Florida street address (P.O. Box NOT acceptable)

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Michael Andrew Due. 4279 Roswell Road, # 102-20 Atlanta, 64 30342!
·	
•	the date of filing: (OPTIO
LE V: Effective date, if other than fective date is listed, the date must	the date of filing: (OPTIOst be specific and cannot be more than five business
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	
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days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section constitutes an affirmation used in the constitutes at a section constitutes at the	mber or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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