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(Requestor's Name)
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SECRETARY OF A LATE OF CORPORATION

N. Cuillann JAN 3 - 2001

COVER LETTER

Division of C			
SUBJECT: <u>E</u>	DOLL a LLC Name of Limited		
	Name of Limited	Liability Company	
The enclosed Articles	of Organization and fee(s) are sul	bmitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Sue Bentley		
	, N	ame of Person	
	F	irm/Company	
	P.O. Box 2706		
	Arcadia, FL City/S	34265	
	City/S	State and Zip Code	•
star:	5 tar 88088@ E-mail address: (to be used for	(mbaygmail future annual report hotification)	, com
	n concerning this matter, please ca	/9	
1 of further mioritation	to concerning and matter, prease of		
Sue Ber	1 Hey e e of Person	nt (863) 494	-6557
Nam	e of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
EDOLL, LLC				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Comp	pany	is:		
Principal Office Address: Mailing Address:				
21475 Dollard P.O. Box 2706				
21475 Dollard P.O. Box 2706 Pt. Charlotte, FL 33954 Arcadia, FL 34265				
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:				
	EC	모였		
Sue Bentley	DEC 30	95		
		一芸べ		
5303 NE River Bend	2			
Florida street address (P.O. Box NOT acceptable) Arcadia FL 34266	94 :21 HP	<u> </u>		
HICAdia FL 34266 City, State, and Zip	٠,	<u>S</u> .		
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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member

'MGRM' = Managing Member	
MGR	Sue Bentley f.O. Box 2706 Arcadia, FL 34265
	Arcadia, FL 34265
· · · · · · · · · · · · · · · · · · ·	
	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am 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.)

Sue Bentley
Typed or prighted name of signee

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)
