## 11000004447

(Requestor's Name)
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PICK-UP WAIT MAIL
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DEFARTACHT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration of	on Section Corporations		
SUBJI	ест: <u>Ш</u>	DOS FIDO Name of Limite	In 5 kg / g then 5 and Liability Company	LLC
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all cor	respondence concerning this matt	er to the following:	
	<u> Ron</u>	ald 5 Bucho	Name of Person	
		-	Firm/Company	<u></u>
	820	-1 west cars	olina 37	
	Ta 110	thisse Flor	ァント y/State and Zip Code	32304
For fur	ther informati	E-mail address: (to be used for concerning this matter, please	or future annual report notification)	
	Na	me of Person	_ at () Area Code & Daytime Telep	phone Number
Enclos	ed is a chect	k 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	Ľ	Ε	I	_	N	V	a	m	e	:
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The name of the Limited Liability Company is:

(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 Company is:

Principal Office Address:	Mailing Address:
1245-44 820-1 west applies 45 To 1 Ag 32304	130-1 4x3+ Carolina 5+

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:	$\vec{A}_{\mathcal{G}}$	•
Ronald 5 Burton	TI JAN	
820-1 West Caroling St	TARY (	(2000)
Florida street address (P.O. Box <u>NOT</u> acceptable)  FL 32304		
City, State, and Zip	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	

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:
M6LM	Longld J Burton 180 - West Coroling st 18/ 17. 32304
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the configuration (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
<u>required</u> signature: Mul K	SECRETALLAHA
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of state as provided for in \$ 817, 155, F.S.)
Kenald B	Pur formation in signed in the printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ	

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

\$ 5.00 Certificate of Status (Optional)