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J. BRYAN

JAN 19 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: FISCHER PROPERTY NEWS LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES (TSOHER
Name of Person MSCHER Proflem by January CCC / Firm/Company
10330 NW5505
SUNLISE, ft 33317
City/State and Zip Code STATE STATE City/State and Zip Code STATE STATE City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (A) 275-257 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\simeq \simeq \si
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
(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: Mailing Address: 10330 NW 55 ST SUNPISE; 41 33351
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:
Jomes (FISCHER)
Name 10330 NW SSMST
103750 NW 55T ST
Florida street address (P.O. Box NOT acceptable)
SUNRISE FL 33327 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)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:
mge.		Janus (ASCHEL Janus 1005/ERR Colde Springs, h 33071
marm	_	TATIANA FISCHER 164 MUI COTTER CORDE Spring HE 33021
	_	SECRETA HAN
	_	SSR CF
(Use attachment if	f nacassami)	ORIA.
	ate, if other than the	date of filing: (OPTIONA
LE V: Effective d	ate, if other than the	date of filing: (OPTIONA e specific and cannot be more than five business day
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LE V: Effective deffective date is listed days after the date days after the date days after the date days after the date days after the days	ate, if other than the ed, the date must be the of filing.) NATURE: Signature of a member and ance with section 608 tess an affirmation under are that any false informates a third degree felony	