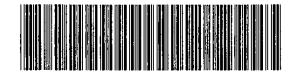
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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	,

Office Use Only



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Effective Date 02/01/11

02/04/11--01011--004 **125.00

FILED

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SECRETARY OF STATE
ARLAHASSEE, FLORIDA

J. BRYAN

FEB -7 2011

EXAMINER

COVER LETTER

Division of Corporation	s		
SUBJECT: Fast	Name of Limited Lial	Dility Company	-jes
The enclosed Articles of Organiza	tion and fee(s) are submit	ted for filing.	
Please return all correspondence c	_	of Person	TELETAN PROPERTY OF THE PARTY O
	Firm/	Company	T.O. R.
205	Lakes	erest 1	20
	A	idress	—
Zavar	es F	and Zip Code	778
Trwis/ E-mail	· a como	re annual report notification)	<u> </u>
For further information concerning	g this matter, please call:		
Troy Singer Name of Person	at (352) <u>742</u> Area Code & Daytime Tele	phone Number
Epclosed is a check for the following	owing amount:		
\$125.00 Filing Fee \$130.00	Filing Fee & Sicate of Status	55.00 Filing Fee & Ertified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, 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	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	1
	_
(Must end with the words "Limited Liability Company, "L.L.C.," or "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 Company is:	
ipal Office Address: Mailing Address:	
alak master 250 lakasast Ma	
- Lakecrest Or 205 Lakecrest Or gres (FL 32778 Tavares, FC 32778	
gres/Fridales, Pristro	
	
TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
he Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another	
business entity with an active Florida registration.) Effective Date 02/01/11	
The name and the Florida street address of the registered agent are:	
Troy Singer	
, ,	
205 Lakecrest Dr.	
Florida atract address (D.O. D. NOT. 111)	
City, State, and Zip	
City State and Zin	
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.,	

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	بع
"MGRM" = Managing Member	ORDER ORDER	A G
MGR	Troy W. Singer 205 Lakerrest Pr. Tavares, FL 32778	
MGR	Kellie M. Singer 205 lakecrest Dr Tavares, Fl 32779	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing (OPTIONAL be specific and cannot be more than five business days	_

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.)

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)