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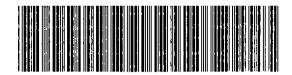
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -9 PM 3: 2

### COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	Name of Limite	agon Fly LL ed Liability Company	<u></u>
The enclosed Articles of Orga	anization and fee(s) are s	submitted for filing.	
Please return all corresponder	nce concerning this matt	er to the following:	
	s Ellen H	OUSEMAN Name of Person	
	Sojo Dra	agonfly LI	_C
3	7 N. Ora	inge Ave, S	Duite 500
		Address	
	Orlando	FL 32801	
	•	//State and Zip Code	000
E-	mail address: (to be used for	or future annual eport notification	
For further information conce	ming this matter, please	call:	
JoEllen Hy Name of Pers	Suseman	at ( <u>467</u> ) <u>381 –</u> Area Code & Daytime To	
Enclosed is a check for the	following amount:		
	30.00 Filing Fee & ertificate 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)
Reg Div	giling Address gistration Section vision of Corporations D. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	_

Tallahassee, FL 32314

2661 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 L	cagonfly LLC  ciability Company, "L.UC.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	Suite 500  Crando, FL 32801  ered Office, & Registered Agent's Signature: degistered Agent. You must designate an individual or another
37 N. Ora Florida street Orlando	he registered agent are:  ACECRETALY OF STATE  ACERPTALY OF STATE  ACECRETALY OF STATE  ACECRETALY OF STATE  ACECR

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)

# 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

JoEllen Houseman

37 N. Orange Ave. \*\*500

Orlando, FL 32801

Tricia Lees

37 N. Orange Ave. \*500

Orlando, FL 32801

(Use attachment if necessary)

#### **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.)

JoEilen K. Houseman
Typed or printed 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)