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J. SAULSBERRY EXAMINER MAY 16 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CFlekh 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:	,
Gary L Fletcher Name of Person	_
Name of Person	
	_
Firm/Company	~,
1001 Ideho Court	<u> </u>
Address HM	
Ocoer F1 34761	<u> </u>
Coee F1 34761 City/State and Zip Code GFletch 44 & yehov E-mail address: (to be used for future annual report notification)	HAY 13, PM S
E-mail address: (to be used for future annual report notification)	61 સં
For further information concerning this matter, please call:	Φ
Gary Fletcher at (407) 692-2816 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \text{\$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}	
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:	
GFletch LCC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1001 Icahocourt Ococe Fl 34761	1001 Idaho Court Ocoee F134761
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual of another
The name and the Florida street address of the re-	egistered agent are: AHASSEE: FLORIDA COURT
1001 Icho G Florida street addi	ress (P.O. Box NOT acceptable)
OCOec F/	

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:
Cary FlzmGR	Gam Fletcher 1001 Idahocourt Ocone Fl 34761
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	HASSE
	OF STA
(Use attachment if necessary)	STATE LORIBA
CLE V: Effective date, if other than effective date is listed, the date mus	
CLE V: Effective date, if other than reffective date is listed, the date mus 0 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)