L11000074792

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(230///000 27/00///00///	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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06/27/11--01020--021 **160.00

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 Compar	ny is:
Principal Office Address: 2405 Stan Fund Gd Fanana CITTIFL 32405 Co Sol 627 Amberst W, 14776	
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:	
TNEORY Sorvices INC Name 17888 (a) the Court North Florida street address (P.O. Box NOT acceptable) Lotahat Chee FL 33470 City, State, and Zip	tt ### 07 %
Having been named as registered agent and to accept service of process for the above stated in liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (REQUIRED)	as of all and

(CONTINUED)

Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Wrew	POBOLLET Amberst, NJ 14226
MLRM	adrian Jessone 1847 Harvard St. Hoviton; tx 77008
MURM	- Christopher lee 48 Bradennam Place - Amherit IN, 14226
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	:
f	

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

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.)

ROBERTMRUTS
Typed or printed name of signee