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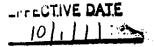
T. HAMPTON

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EVANTINEE

COVER LETTER

TO: Registratio Division of	Corporations	<i>t</i>	·
SUBJECT:	Thomaley - H	familton LL	-C
SUBJECT:	Name of Limited	Liability Company	
The enclosed Article	s of Organization and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	LÆ.	Snavoen	
	Four "5"	une of Person Inc of TAUA	HASSEE
	3813-21 1	ame of Person Inc of TAUA irm/Company N. Mayrae S	i
,	TACCAHASSEE,	Address 32	303
	LSNOWDEN 64	tate and Zip Code C Cemcast, Ne	+
	E man address. (W be used to 1	ratare annual report notification;	
For further informati	on concerning this matter, please ca	ıll:	
UZ Sn Nai	ne of Person	at (<u>\$\$0</u>) <u>33 9- 2</u> Area Code & Daytime Tele	2072 ephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	S



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limite	ed Liabil	ity Compa	any is:		
1)	/		4 4 0	
$ \frac{-}{2}$ $\frac{1}{2}$	/.	- 17 .	,	117	

Morney Hamperon (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:
3609 Unele	GlaurRd	3609 Uncle Glaw Rd
TAMAHASKE,	FL	TAWAHASSEE, PL
	32312	32312

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:

Name

3609 Uncle Glour Rd

Florida street address (P.O. Box NOT acceptable)

ACCAHASSEE FL 32303

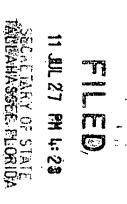
City, State, and Zip

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)

(CONTINUED)

Page 1 of 2



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 "MGRM" = Managing Member	Name and Address:
MGRM — Managing Weinber	Four "5" INC of TAMAHASSES 3609 Unch Glaw 114
MGR	1ACIA HASSEE, PC SWIZ LOE SNOWDEN, 3609 Ynele Glover 119 TACIA HASSEE, PC 32312
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n effective date is listed, the date mus 90 days after the date of filing.)	the date of filing: OCTOBER 1, 2011. (OPTIONAL to be specific and cannot be more than five business days
REQUIRED SIGNATURE:	el Snavden
(In accordance with section	mber or an authorized representative of a member.
constitutes an affirmation unline that any false in	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
constitutes an affirmation unline that any false in	nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
constitutes an affirmation un I am aware that any false in constitutes a third degree fe	nder the penalties of perjury that the facts state formation submitted in a document to the Deplony as provided for in s.817.155, F.S.) Typed or printed name of signee