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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

AUG - 2 2011

EXAMINER

COVER LETTER

TO: Registration Section

SUBJECT: Tranz Choice, LLC Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Michael Todorovich	
IVIICITACI TOGOTOVICIT	Name of Person
. .	Firm/Company
52 A Lakeside Lane	題って
	Address
Key Largo, FL 33037	Pag :
C	ity/State and Zip Code
miketodo@aol.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	se call:
Scot Brands	a. (561 \ 504-7620
Name of Person	at (OOT) SO4-7020 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	ALL ALL STATE OF THE STATE OF T
Tranz Choice, LLC	Hand 1
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
52 A Lakeside Ln Key Largo, FL 33037	52 A Lakeside Ln Key Largo, FL 33037
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another Effective Date 08/01/1).
	registered agent are.
Michael Todorovich Name	
52 A Lakeside La	
Florida street ad	dress (P.O. Box NOT acceptable)
Key Largo	_{FL} 33037
City, St	tate, and Zip
Having been named as registered agent and to	accept service of process for the above stated limited

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Michael Todorovich 52 A Lakeside Ln Key Largo, FL 33037	11 116-1
,		RY OF STATE
		- P
	ne date of filing: August 1, 2011 . (OPTION DESCRIPTION LE SPECIFIC AND CANNOT DE MOTE THAN FIVE DUSINESS	

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.)

Michael Todorovich

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)