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2011 SEP 21 AN II: 26

CRETARY OF SIAN

COVER LETTER

	ition Section of Corporations	
SUBJECT: Tr	ammell fix all LLC	
	Name of Limi	ted Liability Company
The enclosed Art	icles of Organization and fee(s) are	submitted for filing.
Please return all o	correspondence concerning this ma	tter to the following:
Branc	lon Trammell	
		Name of Person
Trami	mell fix all LLC	
 		Firm/Company
physic	cal address 31 garlar	nd ct mailing po box 374
		Address
havana	Florida 32333	
		ty/State and Zip Code
bartend	er27@peoplepc.com	for future annual report notification)
For further inform	nation concerning this matter, pleas	
Brandon Tra	mmell	_at (850) 933-3747
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
\$125.00 Filing Fe	se \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: FEI $^{\pm}$ 45 - 2 908 700 The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Trammell fix all LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:	Mailing Address:
31 garland ct	po box 374
Havana , Florida 32333	Havana, Florida 32333

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:

Brandon	Trammell
	Name
31 garla	and ct
-	Florida street address (P.O. Box NOT acceptable)
havana	_{FL} 32333
	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)

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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:
MGR M	Brandon Trammell po box 374 Havana Florida 32333
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	er 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.)

Brandon A. Trammell

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)