L1100011037/

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer: A. LUNT				
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DEPARTMENT OF STATE

DIVISION OF CORPORATION

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1 SECRETARY OF STATE

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AMASSEF, FLORID.

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COVER LETTER

	nation Section of Corporations Name of Limited	any Toor Liability Company	ing LC
The enclosed Art	icles of Organization and fee(s) are su	bmitted for filing.	
Please return all	correspondence concerning this matter	to the following:	Zº =
	PON P. De	Rame of Person	AHASA 23
			E E
$\overline{}$	17 C/(12 3	Firm/Company	ORIO
	1 EUISON 1	Address	<u> </u>
F	erry Fl 3	22347	
b	ack pack in	State and Zip Code Tarrel refuture annual report notification)	point, net
For further inform	V nation concerning this matter, please of	•	
Leon	Desourly Name of Person	at (SSO) C43 Area Code & Daytime Telep	phone Number
Enclosed is a ch	neck for the following amount:		
\$125.00 Filing F	ee \$\overline{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sq}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}} \end{\sqit{\sqrt{\sq}\sq}\sqrt{\sq}\sq\sintiq}\sign\sign{\sqrt{\sq}\sq}\sq}\sqrt{\sint{\sinq}}}}}}}}}}}}}}}}}}}}}}}}	\$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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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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)

REQUIRED SIGNATURE:

Ignature 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.)

Typed or printed name of sign

1 /20 cm

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)