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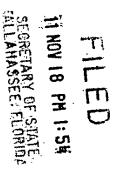
Office Use Only



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Effective Date 11/24/1/

11/18/11--01025--010 **125.00



J. BRYAN

NOV 21 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 101 00 LLC Name of Limited Liability Company
in the state of th
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JANET S. Schrager
Name of Person
Firm/Company
1122 SW STOTERIACE
Address
FOR handerdale Fl. 33315
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 4013019 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			- T
Must end with the words "Limited Liability	y Company, "L.L.C.," or "L	TC.,)	NIO PA
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the L	imited Liability Co	ombany is:
Principal Office Address:	Mailing Address:		·
Fort inuderdale + 1	<u>54me</u>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered red Agent. You must design	l Agent's Signatu ate an individual or anot	re: her
The name and the Florida street address of the re	gistered agent are:	Effective Date	11/24/11
JANETS. Sch Name	nage		
1122 SW 8+6. Florida street addr	TE//ACE ess (P.O. Box <u>NOT</u> accep	otable)	
	e, and Zip	33310	
Trucker Land and January Indian Indian Indian			

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 Man The name and address of each Manager	naging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JANETS Schrage-300 1122 SU) 8th TEN FORT Lauderdale F

(Use attachment if necessary) ICLE V: Effective date, if other than the effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: //) 4. / (OPTIONAL) De specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
Signature of a member	S, Schrager er or an authorized representative of a member.
(In accordance with section 60) constitutes an affirmation unde I am aware that any false information in the section of the se	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.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)