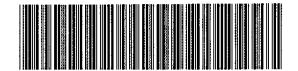
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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DEFARTMENT OF STATE ONVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

T. HAMPTON

DEC - a 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Jac	E BRy and + Namof Limited Liab	oility Company	
The enclosed Articles of Org	anization and fee(s) are submit	ted for filing.	
Please return all corresponde	nce concerning this matter to the	ne following:	
Jack	Ryant JR Name	of Person	
Jack	_	Company	
3305	Pinetnot	c-f	
lallahu	ssee Flai	and Zip Code	•
E	-mail address: (to be used for futu	re annual report notification)	
For further information conc	erning this matter, please call:		
Jack Breant Name of Pe	ot (_rson_	Area Code & Daytime Telep	3298 Shone Number
Enclosed is a check for th	e following amount:		
	Certificate of Status C	55.00 Filing Fee & ertified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	failing Address egistration Section vivision of Corporations O. Box 6327 allahassee, 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

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The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

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..

(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: Title: Name and Address: \overline{MGR} " = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)