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COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT:	JOHAN	NA K, LLC				
	Name of Limited Liability Company					
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.				
Please return all corre	spondence concerning this matte	er to the following:				
Jill Mere	edith					
		Name of Person				
Busines	s Financial Consul	tants, Inc.				
		Firm/Company				
1100 No	orth Telegraph Road	d				
 -		Address				
Dearborn	, MI 48128					
	City	/State and Zip Code				
jmcnally@	bfcinc.com					
Paris di salas e		or future annual report notification)				
For further informatio	n concerning this matter, please	call:				
Jill Meredith		at (313) 359-9358 Area Code & Daytime Telephone Number				
Nam	ne of Person	Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount:					
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertificate of Status & 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 FLORIDA LIMITED LIABILITY COMPANY

		-			
ART	Ю	(J. P.)	I -	Nar	ne:

The name of the Limited Liability Company is:

JOHANNA K, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

922 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937

922 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937

9.11.21.1.2 Bar 10.1,1 2 02.00)

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:

MARJA J. SPROCK, MD

Name

922 LOGGERHEAD ISLAND DR.

Florida street address (P.O. Box NOT acceptable)

SATELLITE BEACH

_{FL} 32937

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 Synature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:
MGRM	MARJA J. SPROCK, MD 922 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937
(Use attachment if pagagage)	
(Use attachment if necessary) ETICLE V: Effective date, if other than the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
Signature of a member	per yr an authorized representative of a member.
	28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.

(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.)

MARJA J. SPROCK, MD

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)